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SYMMETRICAL TROPHIC LESIONS OF THE EXTREMITIES
IN A CHILD; SYRINGOMYELIA (MORVAN'S TYPE).*

By H. MORLEY FLETCHER, M.D.

THE patient, a female, aged 6 years, was admitted to St. Bartholomew's Hospital on July the 27th, 1909, with the following history: In infancy she was backward and began to talk late. Up to the age of four years she did not walk, but dragged herself in a sitting posture about the room; at four years she began to walk properly. When she was two years old the tip of one forefinger became swollen and began to discharge: this ultimately healed with the loss of the tip of the finger. A similar process took place subsequently in the fingers and thumbs of both hands, and was entirely painless. When three years old the feet first became affected, and the left great toe was lost by a process similar to the above. On one occasion she put her feet in the fire, and, although severely burnt, she felt no pain. In the summer of 1908 she fractured the right tibia and fibula, the result of a fall whilst playing; she did not complain of any pain, and the injury was not recognised till two days later, when the mother discovered the fracture by the "looseness and grating" of the parts. The fracture was treated at the London Hospital, where she came under the observation of Dr. Head. The patient has had measles but no other illnesses. She is

* Shown at the Clinical Section, the Royal Society of Medicine, January the 14th, 1910.

the ninth of a family of twelve, of which five are now alive and well. The others died in early life from acute illnesses. Both parents English, and alive and healthy. There was no history of any other member of the family having any similar disease. There

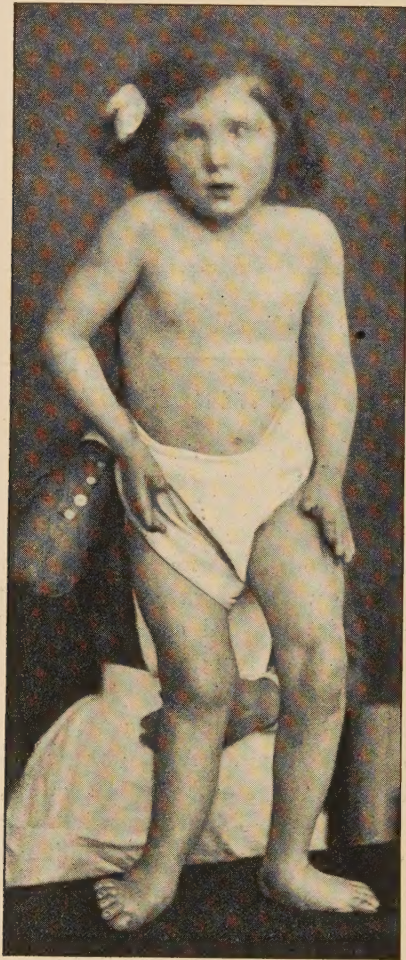


FIG. 1.—Syringomyelia (Morvan's type).

was no evidence of syphilis, acquired or congenital. The child has never been abroad.

When admitted to the hospital she was well grown, but dull and lethargic. Eyes natural, except for left internal strabismus: no pain felt on touching the cornea or sclerotic, but corneal



FIG. 2.



FIG. 3.

reflex was present. Mental development retarded, but this improved greatly during her stay in the hospital. Thorax and abdomen natural. There was no muscular wasting or paralysis. Habits clean. Limbs: Both arms were natural. Right hand: The terminal phalanges of all the fingers and the thumb were lost,



FIG. 4.—Skiagram of left hand.

and when a phalanx had fallen off the separation had occurred either at the interphalangeal joint or a small piece of bone had remained, representing the terminal phalanx and movable in any direction. Left hand: The terminal phalanges of the fingers and thumb were similarly affected (Fig. 2). Legs: Left lower limb was externally rotated and could not be fully rotated inwards; slight flattening of prominence of left trochanter. Knees: Left, natural; right, 5° of genu valgum

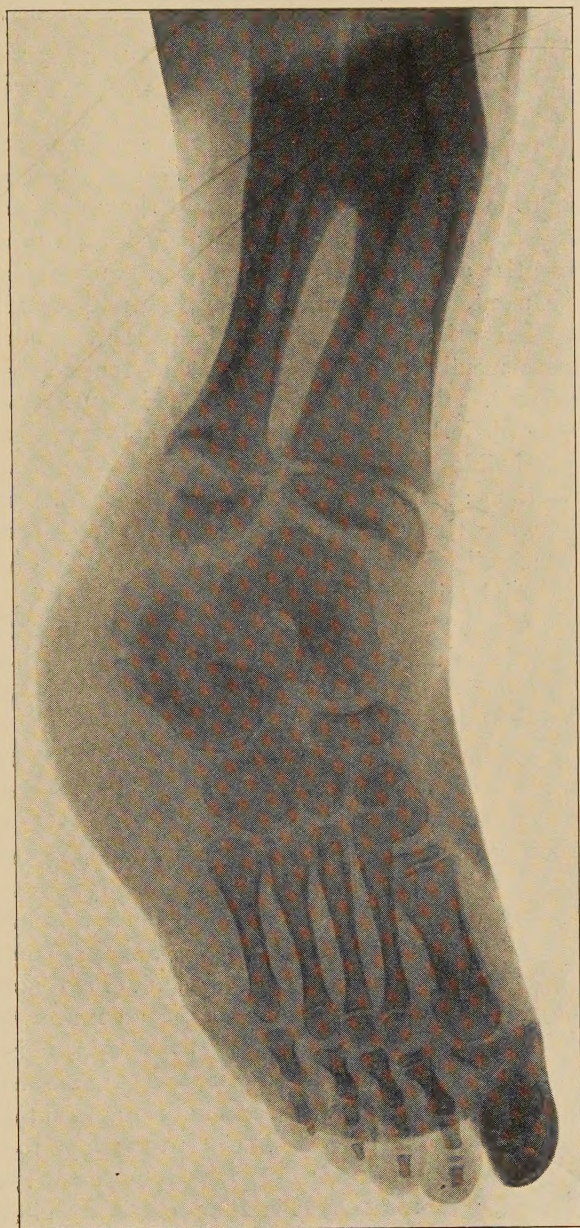


FIG. 5.—Skiagram of right foot.

present. Legs: Left, natural; right, bent with convexity inwards, the apex of which is the site of the old fracture; slight shortening of right leg; some creaking in right ankle-joint. Feet: Left, great toe and first metatarsal absent; right, terminal phalanx of great toe missing (Fig. 3).

On admission, foetid pus was oozing from the finger-stumps and from a sinus in the left foot. There were several superficial ulcers on the legs and buttocks. The discharge and the ulcers soon cleared up under local treatment. Gait: She was just able to stand, but could not walk; this appeared to be due in part to muscular weakness due to confinement, and in part to the deformity resulting from the fracture. Sensation: Over the whole of the cutaneous surface and the mucous membrane of the mouth and tongue the sensation of pain was absent. Corneæ insensitive to pain. Tactile sensation present over the whole body. Thermal sensation certainly impaired, but it was impossible to decide whether it was absent or not. Electrical reactions: Dr. Lewis Jones reported that these were normal, and further, that "it is very doubtful if she feels the current in her extremities." Reflexes: Knee-jerks and plantar responses not obtained. Abdominal reflexes absent.

Skiagrams.—These show no evidence of rarefaction of bone such as is described in adult cases of syringomyelia (Figs. 4, 5). In the right leg there is an old fracture with callus at the junction of middle and lower thirds of tibia and fibula (Fig. 5).

During the child's residence in hospital the tips of the fingers have on several occasions become inflamed, but this has quickly subsided under treatment.

There can be no doubt but that this is an interesting example of syringomyelia of the variety known as Morvan's type, occurring at an unusually early age. Dr. Head has informed me that he described some years ago, in the 'London Hospital Gazette,'* a somewhat similar case in a child, but with this exception I have not met with any account of this type of the disease in an infant in English publications. All forms of syringomyelia are very rare in children, judging by the figures given by Schlesinger. In a series of 260 cases collected by him, nine occurred in children under ten, and the type of disease is not specified. It is interesting to note that syringomyelia is twice as common in males as in females, taking all ages into account, but that, in his nine cases in children, five females were affected to four males. The striking features of the

* July, 1903, vol. x (Clinical Section).

case are the universal distribution of the analgesia and the complete absence of muscular atrophy.

I must express my thanks to Dr. Yates for the notes on the case, and to Dr. Walsham for the skiagrams.

CHRONIC POLYARTHRITIS WITH ENLARGEMENT OF THE LYMPHATIC GLANDS (STILL'S DISEASE).*

By R. BARCLAY NESS, M.A., M.B., C.M.,

Physician, Royal Hospital for Sick Children; Assistant Physician, Western Infirmary, Glasgow.

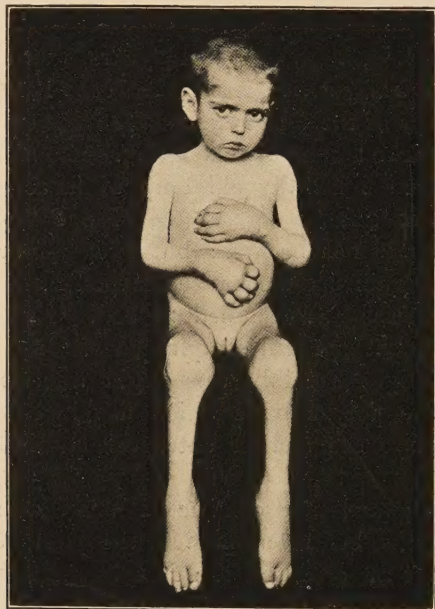
THE patient, M. L—, a girl, aged 4½ years, was admitted to the Western Infirmary, Glasgow, on April the 10th, 1909, with enlargement of all the joints of the limbs except the right elbow. There was also present well-marked general emaciation. The mother stated that the patient had been a healthy child up to fifteen months before admission. At that time the great toe of one foot became sore. At first the skin was not broken; but twenty-four hours later a small amount of sanguineous discharge escaped from the side of the nail. She was feverish and confined to bed. In a short time she was allowed to rise, but she still complained of a feeling of soreness over the whole body. Possibly this slight affection had no real connection with the polyarthritis which developed later, but it is put on record because the mother dates the child's ill-health from that time.

Two months afterwards she contracted measles, and five months later, or eight months before admission, the joints began to swell. The hands were first affected and the feet last, all the joints being involved within three or four months. Since then, up to the time of admission, there was very little change in the condition of the child. At first there was free perspiration at night, latterly very little. Slight cough was also present, but no expectoration. Gastro-intestinal symptoms were absent. At this time the child was under the care of Dr. Smith, of Lesmahagow, who treated her by as generous a diet as possible, the administration of alkalis, salicylates and iodides, and by inducing local passive hyperæmia of the joints with Bier's bandages, but these measures were not accompanied by any distinct benefit.

* Shown at a meeting of the Medico-Chirurgical Society of Glasgow, on December the 10th, 1909.

Family history.—The father was reported as being well, but in childhood he appears to have suffered from tuberculous peritonitis. The mother has had one attack and several subacute attacks of rheumatism during the last few years, while a younger sister of hers has suffered from chorea and rheumatism. There were in the family eight children, including the patient; of these three are dead—one died in infancy from some unknown cause, the other two died of broncho-pneumonia when very young. The other four children who are alive are not robust, but they have no

FIG. 1.

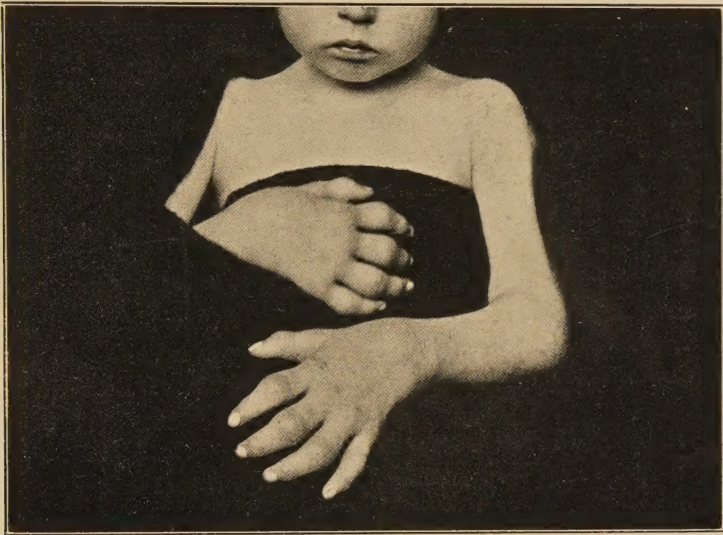


definite ailments. None of the children are known to have had any form of tuberculosis, and no information could be obtained in support of transmitted specific disease.

Condition on admission.—The child was very thin and wasted, weighing, minus her clothes, only 1 st. 13 lb. The hair of her head was very thick and dark, the eyelashes long and black, while a considerable growth of downy hair was present over the whole body, particularly the back. The child lay most comfortably in the lateral decubitus with thighs and legs flexed. In the sitting posture the same flexion was maintained, and it was noticed that the

head was slightly flexed on the thorax and that its movements were limited, evidently the result of implication of the cervical spine. The condition of the child at this time, particularly as regards the joints and limbs, is well represented in the reproduction of two photographs (Figs. 1 and 2). The muscles of the arms and legs were much wasted, while all the joints of the extremities, except the right elbow, were greatly enlarged. The enlargement of each joint was uniform, and on palpation there was conveyed to the finger a soft doughy feeling, without the sense of fluctuation. The hip-joints were both affected, but the knee-joints presented the most

FIG. 2.



notable enlargement, and appeared very prominent in contrast with the emaciated limbs. The swelling was quite regular and the patellæ were not deflected. The ankles were also markedly swollen, while the metatarso-phalangeal and phalangeal joints were only slightly affected. The hands presented a very peculiar appearance. The wrist-joints were much enlarged; so also were the metacarpophalangeal joints. The joints most affected, however, were the second inter-phalangeal joints, and the swelling of these gave the fingers a marked spindle shape. An X-ray photograph reproduced in Fig. 3 showed the condition of the joints was not due in any distinct way to changes in the bones themselves.

The left elbow-joint and both shoulder-joints were also affected. The right elbow, of all the joints of the limbs, alone escaped. All the various joints affected could be passively moved without much pain, but slight creaking could be felt. The movement in most joints was limited, while in some, for example the left elbow and both knees, some flexion was present, the result of contracture.

FIG. 3.



The superficial *lymphatic glands* in various situations showed considerable enlargement. In the neck those on the left side were most affected, and could be palpated in both the anterior and posterior triangles. In both axillæ they were enlarged, but more so on the right than on the left side. In the groins they were equally enlarged on the two sides. The examination of the *heart* and *lungs* revealed nothing abnormal. The chief fact noted in the examination of the abdomen was the enlargement of the *liver*, which could

be easily felt extending a little below the level of the umbilicus. The edge and surface were firm and regular. The measurements of the hepatic dulness were 2 in., 5 in., and 4 in. in the middle, nipple, and mid-axillary lines respectively. The *spleen* was not palpable and no distinct enlargement could be determined by percussion. The rest of the abdomen was normal to the ordinary methods of physical examination. The *bowels* tended to be loose and the stools rather foul. The *urine* on admission was acid in reaction and had a specific gravity of 1025. The tests for albumin, blood and sugar were negative and continued to be so during the whole period of the patient's residence in the hospital.

The examination of *the blood* gave the following results: Hæmo-

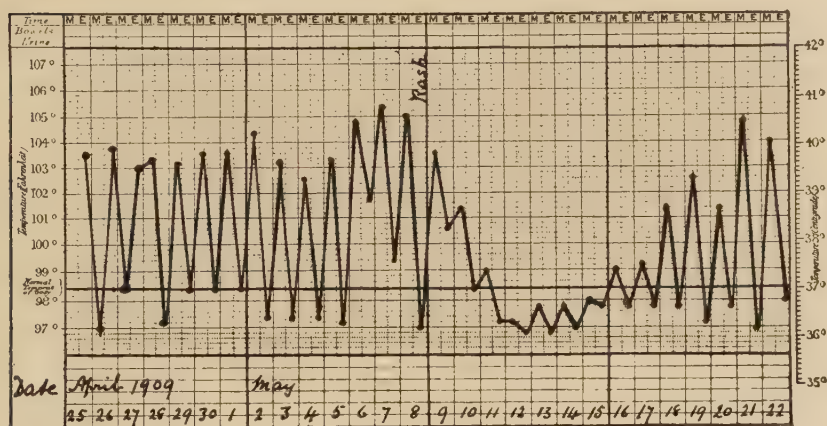


CHART 1, giving maximum and minimum temperatures.

globin, 65 per cent.; red blood-cells, 4,586,000 per c.mm.; white blood-cells, 13,000 per c.mm.; colour index, 0.7.

The examination of stained blood-films by Dr. Allan showed the absence of nucleated red cells, poikilocytes, and other forms of red-cell degeneration. The most remarkable feature in the films was the abundance of blood-platelets. A differential count of the leucocytes (400 counted) gave the following result: Polymorphonuclears, 71.25 per cent.; eosinophiles, 2.5 per cent.; lymphocytes, 13.25 per cent.; large hyaline and transitional forms, 13.0 per cent.

The course of the temperature was observed for several months. For a fortnight after admission to the hospital the temperature, though somewhat irregular, indicated no distinct febrile condition, but the observations had only been made night and morning. After

this the temperature, which was taken every four hours, showed the presence of high fever with marked remissions and intermissions, sometimes to the extent of seven or eight degrees, with a maximum of 104° to 105° F. Chart 1 gives the daily maximum and minimum temperatures from April the 25th to May the 22nd. Chart 2 gives similar temperatures from May the 23rd to June the 19th. Till the end of June the same variation in the temperature persisted. During July and August, when the child was not under my care, the temperatures were again only taken night and morning, so are not reliable in indicating the full variation throughout the twenty-four hours. During September and October four-hourly temperatures were resumed, but the oscillations were found to be much less than

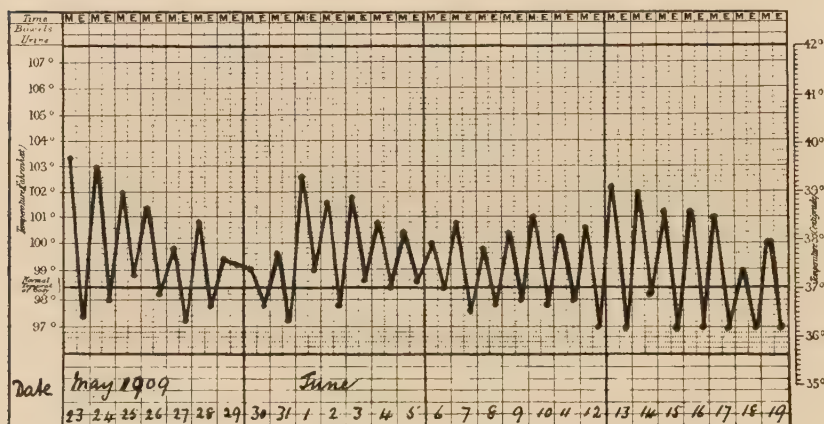


CHART 2, giving maximum and minimum temperatures.

in the earlier periods of the patient's residence. Chart 3 gives the maximum and minimum temperatures between September the 12th and October the 9th. This shows still some degree of irregular fever, but on the whole there is a marked improvement. During the most of the time of the great variations in temperature perspiration was frequent and profuse; as the temperature became more moderate these were not so marked. Another fact noted during the marked febrile period was the greater enlargement of the lymphatic glands. No variation, however, was detected in the size of the liver, spleen, or the joints of the limbs.

A rash, the exact clinical significance of which was doubtful, appeared on May the 8th—the day on which the most extreme oscillations in the temperature took place. The eruption was

composed of small discrete red spots, which at first appeared chiefly on the back and on the neck behind the ears. On the following day the eruption had extended practically over the whole body. On May the 10th the rash had perceptibly faded, and on the 11th had completely disappeared. By this time the temperature had fallen to subnormal, and did not again assume a distinctly febrile type until May the 18th, when the maximum recorded was 101.4°F . Accompanying the rash there was a little reddening from congestion of the throat, but there was no coryza. The rash was not typical of any specific fever and was not followed by any desquamation. As the child was getting small doses of quinine this was stopped as being a possible cause, but there was no other symptom of

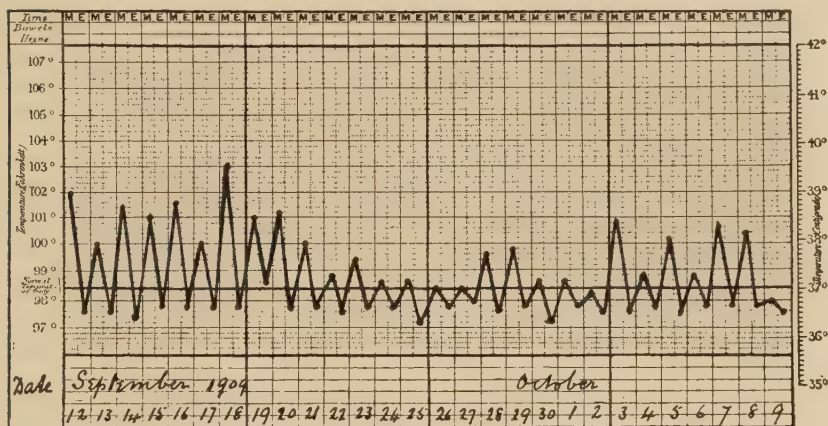


CHART 3, giving maximum and minimum temperatures.

cinchonism detected. No doubt the rash was the result of some unknown infection, and of a purely accidental character.

During the time the patient was in hospital a careful examination was made from time to time with the view of detecting whether or not there was any undoubted evidence of tubercle, but none such was found. *Calmette's ophthalmo-tuberculin* and *von Pirquet's* tests both gave negative results. I am indebted to Dr. Miller for determining the *opsonic index* to the tubercle bacillus. The results were: First examination, 1.0; second examination, 0.73; third examination, 1.3. The variation in the index is noteworthy, and in a patient acutely ill was certainly in favour of a tuberculous affection, but taken alone was scarcely sufficient to establish a diagnosis.

The course of the disease.—The patient was under observation

over six months. One of the most remarkable features of the case during this time was the febrile condition already described. With regard to the condition of the joints, the lymphatic glands, liver and spleen, there was no great variation from what has been described. The joints remained in much the same condition throughout; they became a little more stiffened and more flexed. The right elbow, the only one of the joints of the limbs unaffected, became also involved soon after the patient left the hospital. The lymphatic glands, which had increased during the periods of excessive fever, subsided again as the fever diminished, but they still remained enlarged and easily palpable. The liver remained enlarged, but the spleen throughout was never palpable.

The *treatment* included the administration of arsenic, quinine, thyroid gland, malt and cod-liver oil, etc., but no special effects were noted as being due to these.

The diagnosis.—The condition may be characterised as a chronic polyarthritis in spite of the fact that the presence of the remittent fever described indicated probably an acute infection. As far as the joints are concerned the condition has been a gradual and progressive one. Excluding such definite forms of joint affection as the tuberculous and syphilitic, there are found among children several other forms of arthritis which may be grouped under the general designation of chronic polyarthritis. Among these are those cases which are the outcome of true rheumatism, and may be recognised clinically by the history of acute or subacute attacks of articular rheumatism preceding the more chronic condition and by the improvement that occurs, during these attacks, from the administration of salicylates. These cases may present other manifestations of rheumatism, but show no enlargement of the superficial lymphatic glands or spleen.

Then, again, some cases present the features of rheumatoid arthritis as it is commonly met with among adults, but in my experience this is a rare condition in children. In these cases bony changes are marked, and include osteophytic outgrowths, which are easily felt. The cartilages, too, become eroded, and the articular surfaces of the bones hard and polished. This gives rise to coarse grating on passive movement of the joints.

Another group of cases has been described by Still, and it is to this class that the case under consideration belongs. Here the changes in the joints are chiefly periarticular, and are accompanied by enlargement of the superficial lymphatic glands and of the spleen. Usually at some period in the progress of the case fever is present.

In this case the fever has been unusually well marked but the spleen is normal, while on the other hand the liver is markedly enlarged.

Lastly, there is a large group of cases more indefinite in character where the changes in the joints, without enlargement of the lymphatic glands, spleen, or liver, are the chief features of the clinical condition.

The exact *ætiology* of all these cases except those of true rheumatic origin is still unknown. They are no doubt the result of an infective process which may be more apt to occur under some conditions of life than others, the infective agent being probably not the same for all. What the organism is, and whether through the general circulation it affects the various joints and other organs directly, or simply as the result of a toxæmia, are questions which have still to be answered.

THE INFANT OUT-PATIENT FROM A PUBLIC HEALTH STANDPOINT.

By E. H. R. HARRIES, M.D. (State Med.) Lond., D.P.H. Liverpool,
*Resident Medical Officer, City Hospital, Fazakerley, Liverpool; Late
Senior R.M.O., Victoria Hospital for Children, Chelsea, S.W.*

THE following observations were made in the course of the ordinary routine work of a resident at a children's hospital, and I would at the outset express my obligations to those members of the Honorary Out-patient Staff of the Victoria Hospital who allowed me to make use of some of their cases.

By the collection of certain data on the first appearance of the child at the Hospital, it was thought that perhaps some interesting facts might accrue.

The cases, although necessarily limited in number (360), form a fair sample of the types of ailing infants brought to the Out-Patient Department. Beyond ensuring that the children were under twelve months of age (and hence in the "infant mortality" sense truly "infants"), and that it was the first visit to the Hospital, no sort of selection was employed.

The details, weights, and measurements were personally obtained and entered on a schedule prepared for the purpose.

For some of the points in the schedule I am indebted to the one given in Dr. Newman's book.*

* Newman, 'Infant Mortality.'

The cases under consideration were collected between July the 20th and November the 3rd, 1908, and thus embraced practically the whole of the "epidemic diarrhœa" season of that year, and chiefly came from Battersea, Chelsea, and Fulham. The social position of the parents varied from that of the hawker, rag-sorter, and casual labourer, to the bus-conductor and mechanic. On the distaff side "own housework" was very frequently given as the occupation during pregnancy and after, although a certain number of the mothers were engaged in industrial occupations not uncommonly right up to the time of confinement. Many of the fathers were out of work; some unavoidably so, others with intent and professionally. A somewhat paradoxical benefit to the child resulting from the lack of work on the part of the father was the inducement to continue breast-feeding as being the cheapest form of nourishment; but it is to be feared that the quality of the milk afforded by the starved mother was open to question, and accounted for a certain number of what may be termed breast-fed failures.

A certain proportion of the children of course were illegitimate, and several instances of the need for inspection of the "single" nurse-child were noted. Since that time the Children's Act has come into force, and the lonely infant-boarder has been given at least an equal chance of survival with the hitherto luckier "more than one" of the Infant Life Protection Act of 1897.

The difference between the inspected and uninspected foster-mother was very noticeable as regards personal cleanliness and cleanliness of the adopted offspring. Of their methods of feeding the unfortunate child entrusted to their care by a sometimes "fond," but frequently relieved parent, the less said the better. The "single-child" foster-mother has been brought under control.

Approximately 16 per cent. of the mothers had had miscarriages or premature births, or both.

It was found that almost two thirds of the confinements of which the child brought to hospital was the result were attended by midwives (a few being in lying-in hospitals or poor-law infirmaries), the remainder by doctors.

Of the 360 cases investigated, there were: Males, 203 = 56·38 per cent.; females, 157 = 43·62 per cent; and of these 360, 322 (or 92·2 per cent.) were full time, 25 (7·78 per cent.) were premature, and in 3 the foetal age was not obtainable.

The late Dr. Farr gave a percentage of 7 for premature births, taking all children born.

An endeavour was made to ascertain the weight of the child at

birth. Some of the figures given were obviously legendary or invented on the spot, but excluding these it was found that 121 full-time children were definitely weighed at birth. The average weight of these worked out at 7·7 lb., but the figure is of no value on account of the smallness of the number under consideration ; the possibility of inaccuracy of scales or balance ; partial clothing of the child ; and enthusiasm on the part of the observer.

Nevertheless, the fact that so many of the poorer-class infants are being weighed at birth is a good sign of the times. The weighing is usually done by the midwife with a spring balance. One weighed and measured all the infants at the time their "natural history" was taken, but although the figures obtained are individually interesting, they only lead to the well-known conclusion that breast-fed children are infinitely superior in development to those brought up by artificial means.

This question of the breast-feeding of children has always been a leading one in the investigation of infant mortality, and it is interesting in this connection to recall that as far back as the days of Queen Anne, Steele contributed to the 'Spectator' a paper dealing with the subject.*

The soundness of the views expressed and the delightful quaintness of the diction tempt one to quote a portion here :

"MR. SPECTATOR,—As your Paper is part of the Equipage of the Tea-Table, I conjure you to print what I now write to you, for I have no other Way to communicate what I have to say to the fair Sex on the most important Circumstance of Life, even the Care of Children. . . .

"Give me Leave . . . to tell you that of all the Abuses that ever you have as yet endeavoured to reform, certainly not one wanted so much your Assistance as the Abuse in nursing of Children. . . .

"I beg of you for the Sake of the many poor Infants that may and will be saved, by weighing this Case seriously, to exhort the People with the utmost Vehemence to let the Children suck their own Mother, both for the Benefit of Mother and Child. For the general Argument that a Mother is weakened by giving Suck to her Children is vain and simple ; I will maintain that the Mother grows stronger by it, and will have her Health better than she would have otherwise ; She will find it the greatest Cure and Preservative for the Vapours and future Miscarriages much beyond any other Remedy whatsoever. Her Children will be like Giants, whereas otherwise they are but living Shadows and like unripe Fruit ; and certainly if

* 'Spectator,' No. 246, December the 12th, 1711 (Steele).

a Woman is strong enough to bring forth a Child she is beyond all Doubt strong enough to nurse it afterwards. . . .

"I am not ignorant that there are some Cases of Necessity where a Mother cannot give suck . . . but there are so very few that I am sure in a thousand there is hardly a real Instance."

The latter opinion (possibly medically inspired) of the eighteenth century man of letters is amply borne out by modern observers.

In an article on "Ability to Nurse,"* it is stated that, "in energetically and systematically conducted lying-in hospitals all mothers can nurse their babies equally well, and for the most part women are not prevented from nursing their children by any inability to do so, but for a variety of reasons." The writer gives tuberculosis as the only absolute contra-indication, and even then is inclined to make exceptions.

In connection with the present cases a definite history of phthisis was obtained in fourteen of the fathers and ten mothers. Of the latter three were suckling their babies.

Vidal,† during three years, has only had to tell a mother once that she had not enough milk. Burnet‡ cites the ignorance of the average mother as regards nursing her child, and her readiness to remove the child from the breast, and "that in too many cases at the suggestion of the medical attendant."

The medical officer of health for Blackpool § states that "monthly nurses and midwives are too ready to assume that the mother's milk is insufficient, and that it is necessary to use some patent food which has been sent to the midwife by an advertising firm."

In the course of questioning the mothers one came across a particularly pernicious variant of this form of commercial enterprise. It took the shape of house-to-house visits by a woman alleged to be a hospital nurse, who pressed free samples of a preparation upon nursing mothers, persuading them that the said preparation was an improvement upon the breast milk. On the other hand there can be no doubt as to the influence for good of the genuine health visitor; and it speaks much for the tact of these ladies that one heard nothing but appreciation of their efforts. Their endeavours in the direction of promoting breast-feeding or, failing that, the use of a rational type of feeding-bottle, were especially noticeable.

Since the well-known investigations of Dr. Hope, of Liverpool,

* Pfaundler and Schlossmann, vol. i.

† 'Brit. Med. Journ.,' April the 24th, 1909, p. 1026.

‡ Burnet, 'Practitioner,' April, 1908.

§ 'Ann. Rep.,' 1907, quoted in 'Lancet,' October the 10th, 1908, p. 1096.

into the relation between artificial feeding and mortality from epidemic diarrhœa, there have been many estimations by various medical officers of health into the proportion of infants breast-fed and fed by other means. The figures obtained in the present cases are not comparable because their total is small and they represent a selected class of children, viz. *sick* children. But taken by themselves they show that improvement is taking place, and that among the poorer classes, at any rate, a large percentage of the mothers is making an earnest attempt to suckle their children in spite of undoubted economic difficulties in many cases.

The following are the figures obtained for two main classes:

- (1) Number of babies fed entirely at
the breast for one month or more = 256 = 71·1 per cent.
(2) Number of babies who had never
been breast fed . . . = 46 = 12·77 „

The remainder were composed of breast-fed children under one month; children who had been fed for a few days on the breast, and then put on some form of artificial food, and those children who were on "mixed" feeding, *i. e.* breast and some other form of food. The latter were usually "crèche" children, the mother being employed all day, but performing her maternal duty in the early morning and at night: or else a real or supposed deficiency of milk was being eked out by the bottle.

Thus 71 per cent. of the infants had been given a fair start in life by being fed entirely on the breast for one month or more.

It may be interesting to analyse those cases which had never been fed on the breast at all—forty-six in number.

(1) *Reasons given for never Breast-Feeding.*

(a) Mother died in child-birth	3
(b) Illness of mother	4
(c) Lost milk through worry—"worried milk"	1
(d) Nurse children	6
(e) "No milk."	19
(f) Disease of breast	3
(g) "Child unable or refused to suck"	4
(h) "Milk no good"	2
(i) No reason assigned	2
(j) "Violence of husband to mother and child"	1
(k) Deliberately "dried up milk with belladonna plasters"	1

(2) *Conditions for which the Children were brought up.*

Wasting	14
Diarrhœa and vomiting	13
Constipation.	4
Rickets	2
	—
	33
Pertussis	3
Skin lesions	2
Congenital defects	8
	—
	46

Thus 33 out of 46 were suffering from defects of nutrition.

Taking the whole number of children (360), two tables may be constructed showing the conditions for which they were brought to hospital.

(1) *Conditions in 178 purely Breast-fed Children at all Periods.*

Diseases of nutrition.	{ Wasting	19
	{ Diarrhœa (not zymotic)	7
	{ Diarrhœa and vomiting (zymotic)	18
	{ Constipation	10
	{ "Indigestion"	12
	{ Rickets	1

—
67 = 32 per cent.

Simple cough (no physical signs)	19
Bronchitis	5
Pertussis	21
Congenital defects (chiefly surgical)	37
Injuries	2
Skin lesions	9
No obvious disease	18

—
178

(2) *Conditions in 182 Children artificially fed at time of Visit to Hospital.*

Diseases of nutrition.	Wasting	53
	Diarrhœa (not zymotic)	20
	Diarrhœa and vomiting (zymotic)	46
	Constipation	11
	"Indigestion"	2
	Colic	2
	Rickets	7

141 = 77·4 per cent.

Simple cough (no physical signs)	5
Bronchitis	1
Pertussis	9
Congenital defects (chiefly surgical)	14
Strangulated hernia and wasting	1
Diphtheria	1
Skin lesions	7
No obvious disease	3

182

Thus it will be seen that out of an almost equal number of cases in the two classes more than double the number (77·4 per cent.) among the artificially fed children were brought up for diseases of nutrition (chiefly wasting and diarrhœal diseases) as compared with those (32 per cent.) in the purely breast-fed class. And in this latter class, in the majority of cases the digestive disturbance was set up by irregular or too frequent feeding at the breast.

The cases of epidemic diarrhœa among the breast-fed children one believes to be largely due to the universal employment of the "comforter." The most elaborate attempt at cleansing this article after a fall on the floor of the out-patient room was a preliminary insertion in the mother's mouth, possibly full of septic stumps. Newman* writes: "There can be little doubt that comforters and the long tubes of milk bottles are two sources of much disease."

Maynard Heath† reports a case of suppurative parotitis in an

* *Op. cit.*, p. 247.

† 'Lancet,' 8, viii, 1908.

infant, due, he supposes, to an "exceedingly dirty comforter."
 . . . The child was breast-fed and otherwise healthy, and there was no disease of the mother's nipple.

Up to the present there has been no legislative interference in England with the form of infant feeding, but more than one attempt has been made in France—faced as it is with its constantly declining birth-rate—to prohibit the long-tube bottle.

The French Senate recently recommended a penalty of 20 to 100 francs for the first offence and imprisonment in case of a repetition.*

Newman † states that in Sweden, in 1793, a pamphlet was distributed on the 'Nursing of Infants.' At the same time a Royal edict "prescribed a fine . . . for mothers, who by neglecting to suckle their infants for at least half a year had caused the death of the infant." In the present cases the type of bottle employed was inquired into in 136 instances of artificially fed children, with the following results :

Boat-bottle of some pattern was used in	100 = 73·5 per cent.
Long tube	33 = 24·3 „
Spoon-feeding	3 = 2·2 „

100

This is an extremely large proportion of boat bottles, and is in all probability another sign of the influence for good of the health visitor. Returns from various parts of the country differ enormously in the percentage of the types of bottle used, but in the references one has obtained the "long-tube" variety has always preponderated. Newman ‡ says that in Birmingham, in 1904, 79 per cent. of infants under six months dying in the third quarter of the year were bottle-fed with tube bottles, and 21 per cent. with boat bottles.

A "correspondent," § writing of the condition of the infants of the South Wales colliers, says, "the bottle in 90 per cent. is that with half a yard of narrow rubber tubing."

But one believes that the "long-tube" variety is at last falling into disuse.

In several instances in which it was being employed the fact was elicited from the mother that it had been bought at a "penny bazaar," and in a poor quarter of Liverpool a short time ago one

* 'Brit. Med. Journ.,' October 2nd, 1909, p. 993.

† *Op. cit.*

‡ *Op. cit.*

§ 'Brit. Med. Journ.,' September the 12th, 1908, p. 780.

saw a "job lot" of these bottles for sale at a penny each in a chemist's window. So evidently the makers find there is no longer a sale on ordinary terms, and are getting rid of surplus stocks at any price.

Unfortunately it is the poorest and presumably least resistant infant who will have to endure the results of these bargains.

The prevailing state of mind of the mother who sees that her bottle-fed baby is not thriving appears to border on panic. She rushes wildly from one food to another, and the unfortunate child is tried for two or three days on a patent mixture recommended by a neighbour, only to have it changed—at the behest of another neighbour or the local chemist—for another certain success. Meanwhile the infant wastes with more or less rapidity, and the maddened intestinal tract is driven to revolt and to reject everything "fore and aft." A few typical histories of "wasters" may be given:

CASE 1.—F. D—, full-time male, aged $6\frac{1}{2}$ months. Breast to four months. Weight then was 21 lb. Since then has been fed on cow's milk and barley water, and for the last *month* on barley-water only. Present weight, 14 lb. 4 oz. Diarrhœa and vomiting. Boat bottle. Father, dock labourer; mother does outside housework. There was apparently some excuse on economic grounds for removing the child from the breast.

CASE 2.—G. C—, full-time female, aged 5 months. Fed on (1) breast for two weeks; (2) cow's milk and barley-water; (3) condensed milk and barley-water; (4) "X" malted milk; (5) milk, lime-water, and "soda." Wasting and diarrhœa. Boat bottle. Father, butcher, wages 26s., and rent 6s. Only child. Mother (primipara) does own housework. Both parents healthy. Mother said to have "lost milk." Weight when brought to hospital 9 lb. 15 oz.

This case affords an example of the common practice of frequent changes of foods by inexperienced mothers.

CASE 3.—A. D—, full-time male, aged 10 months. (1) Breast one week; (2) condensed milk and water one month; (3) cow's milk and barley-water; (4) condensed milk again. Wasting; long-tube bottle. Father, carman; mother machining. "Milk went"; lost four babies; two children living.

The type of mother who regards each addition to the cemetery as experience gained in the bringing-up of children.

CASE 4.—J. G—, full-time male, aged 4 months; 7 lb. 5 oz. at birth. First child, born in lying-in hospital; breast-fed for one month, at which time mother left hospital and gave up breast-feeding, although she had plenty of milk. Father died in epileptic fit and

mother has to work. Since breast has had cow's milk and barley-water and then a patent food. Wasting; present weight 7 lb. 10 oz. Boat bottle. The child had gained 5 oz. in weight in the four months of its existence.

CASE 5.—C. B—, full-time female, aged 14 weeks. (1) Breast two weeks; (2) condensed milk and barley-water; (3) "humanised milk." Wasting, weight 7 lb. 7 oz. Boat bottle. Fed every one and a half hours. Father healthy; mother "healthy." Four children alive. Eight miscarriages, and one premature child. "No milk."

CASE 6.—E. C—, eight months' child, now aged 5 months. (1) Breast for two days; (2) cow's milk and water; (3) "Y" food and water; (4) cow's milk and water and cream. Wasting; weight 6 lb. 3 oz. Boat bottle; fed two-hourly. Mother had plenty of milk, but considered that the breast was too much exertion for the child. Father, bus conductor, wages 26s., rent 6s. One other child.

There can be little doubt that all these children would have remained healthy and well nourished if they had not been deprived of their natural food by the ignorance, laziness, or economic necessity of the mother.

Various health organisations are combatting the first two points, and perhaps in the future something adequate may be done in England with regard to the third.

In conclusion, I cannot claim anything very original for this paper. It represents a fragmentary contribution to the urgent question of infant mortality, as viewed in the out-patient department of a children's hospital.

The Royal Society of Medicine.

SECTION FOR THE STUDY OF DISEASE IN CHILDREN.

Friday, April the 22nd, 1910.

DR. MILNER BURGESS *in the Chair.*

Three Cases of Oxycephaly.—Dr. ROBERT HUTCHISON showed three children, aged respectively 1, 5, and 4 years. They all showed the typical oxycephalic head. Two had exophthalmos, while the other had the eyes wide apart and divergent. All three showed congenital deformity of the fingers.

The cases were discussed by Dr. MORLEY FLETCHER, who gave it as his opinion that the condition is due to a developmental defect, and not secondary to an abnormality of the brain.

Dr. SUTHERLAND agreed with this view of the cases, and Dr. PARKES WEBER also spoke.

Dr. HUTCHISON, in reply concerning his first cases, said he had always supposed—though it was largely guesswork—that the optic atrophy was due to pressure on the optic nerve where it entered the orbital cavity; and Dr. Keith thought this view was borne out by the specimen now shown, where it passed at the back of the orbit; *i. e.* that it was a mechanical effect. He agreed with what Dr. Sutherland said about the pathology; he did not regard it as a brain condition, but a bone mal-development. He thought the conception of the condition should be widened. He agreed as to the unfortunate name of the condition, and another name which had been given was “acrocephaly.” Both terms were too limited, and he was sure many people with tower-shaped skulls did not belong to that group at all; such were the cases mentioned by Dr. Parkes Weber, for otherwise they were all right. Photographs handed round by Dr. Shuttleworth were of cases of that sort. He had seen them after prolonged labour, and they were apt to occur in face presentations. The skull was drawn out to a point upwards and backwards, and if it was sufficiently marked that might persist. That was oxycephaly in the strict sense of the term, but such cases had not the other conditions, including changes in the digits, which made up the picture of oxycephaly. The way to regard the condition was that it was an early developmental condition, and not primarily affecting the brain. The digits and some of the skull bones were comparable to those in Mongolism, and the optic atrophy and proptosis were mechanical results of the shallow orbital cavity, throwing the eye forward, and kinking the optic nerve and producing atrophy. What it was that caused this, he did not know.

A Case of Speech Defect in a Child of 7½ Years.—Dr. HUTCHISON showed this child, who had never talked, but there was reason to believe that the child was not a deaf-mute but could hear to some extent. He raised the question as to whether the speech defect was the result of the deafness, or whether he belonged to the group of idioglossia conditions. He did not believe the case belonged accurately to either. He was not profoundly deaf. He did not speak in any language at all, but made inarticulate sounds.

Dr. SHUTTLEWORTH said the case was very interesting, because it was very difficult to determine how far the boy was deaf, and how far he compensated by the activity of his sight for what might be defective otherwise. He was a smart boy, and although he said only a few sounds, he made them more intelligently when he noticed the lips of the speaker. When Dr. Hutchison hid his lips while speaking, the boy's repetition was far less adequate than when he could see the lips. One case which he saw was brought from Australia, and he went to see Dr. Still. He, Dr. Shuttleworth, saw him subsequently, and both he and Dr. Still thought the boy was not deaf, but was rather mentally defective. He was sent to a private school for mentally defective children. It was difficult to test the boy, as he had so much mental irritability. The parents were sure he could hear well, because they could get him to do anything they wanted. That was true, but it was afterwards found that the boy was depending on his sense of sight, and had unconsciously trained himself to lip-reading. But

one could make the greatest noise behind him, such as dropping the fire-irons, and he would not turn round to look. He proposed to have the boy examined by an aural surgeon. No doubt it would be necessary to teach the boy in the same way as a deaf-mute. When the eye excelled the ear in grasping the meaning of words, it was generally necessary to adopt some modification of teaching by the aural method.

Dr. LANGMEAD asked whether word-deafness had been considered in the case. He believed there had been no cases in which the child could not speak at all; but there were cases in which there was no deafness and the child was reasonable in every way, but had not the capacity of speech, probably on account of a non-development of the motor speech centres of the brain. One came across such cases now and again in the routine examination of school children.

Dr. HUTCHISON replied that he had considered the question of congenital aphasia, but he put it aside in this case because every now and again the boy said a word. But there must either be a proper speech centre in the brain or none at all; there could not be a half-way house.

A Case of Congenital Scoliosis.—Dr. LANGMEAD showed a girl, aged 10 months, who had a sharp bend to the left in the dorso-lumbar region of the spine. A skiagram shows this to be due to an additional wedge-shaped bone interposed between the last dorsal and first lumbar vertebræ of congenital origin.

Dr. POYNTON said that such a case was of great interest. Sometimes there was an absence of the lower ribs and a corresponding shortness of the chest in children, which caused that very puzzling dullness at the base that led to the idea that there might be an empyema. Some cases of scoliosis in infants were very difficult to unravel, and spinal caries was not easy to recognise. It was interesting that there was a tuberculous history in the case which had spinal caries. It was a very brilliant diagnosis.

A Baby with Blue Patches on the Buttocks and Lumbar Region was shown by Dr. LANGMEAD. He pointed out that this pigmentation is a racial characteristic in Japanese and half-caste babies. There was some doubt as to the nationality of the child's grandfather.

Dr. G. PERNET said that such areas of pigmentation on babies were so well known that it was not necessary to say much about them; and they were found in Japanese babies. He did not know whether any member had come across, in adult Japanese, cases with marks looking like superficial atrophies, and if so, whether they were the result of those old pigmentations. He had not found them on the buttocks after injections, but had found superficial atrophic conditions which might be the remains of those old patches.

Dr. G. A. SUTHERLAND said he thought the important point was whether the pigmentation of a Mongolian type had occurred in a pure English child or not. There had been shown a Japanese baby with the typical spots; and Mr. Arthur Edmunds had shown a pure-bred English baby with similar spots. A few cases of the kind had been described among English babies, and some in German children. The point to clear up was whether the present child was pure English-bred or not. It appeared not to be so, as the Japanese characteristics were so marked. He believed it was simply an old family characteristic coming out in the child.

Dr. MORLEY FLETCHER asked Dr. Langmead, with regard to the blue patches occurring in Mongolians, how many weeks the patches persisted.

A Case of Juvenile General Paralysis, with loss of Knee-jerks.—Dr. MILLER showed the patient, a boy, aged 14 years, who exhibited the characteristic symptoms. There were no signs of inherited syphilis, but a positive serum reaction had been obtained. The speech defect seemed to be of the type found in an early case of general paralysis of the adult. The boy had a temporary hemiplegia, which cleared up.

A Case of Lymphadenoma starting at the Twenty-fifth Month was shown by Dr. MILLER. The child was aged 3 years. Six months previously a gland, which on microscopical examination appeared to be lymphadenomatous, had been removed from the neck. There had been a steady increase in the size of the glands. The white cells in the blood numbered 6800, and showed a slight excess of lymphocytes.

Dr. R. HUTCHISON said the case was very interesting because the condition had commenced so early. At one time he took a great deal of interest in lymphadenoma in children, and collected a fair number of cases, though he could not recall one which commenced so young as this. He thought there was no doubt about the diagnosis: it ran the typical course, beginning in the neck and then extending to the spleen. The microscopical section and the blood-count were compatible with such a condition. There was not much to be said about treatment. There did not seem to be much to gain by cutting the glands out, though he had often seen it done. Invariably the condition had recurred after that operation, either in the same spot or elsewhere. If the spleen was also enlarged there was nothing to be gained by operation. He had known the glands subside under arsenic for a time, especially where the glands were soft, as they were in the present case. X rays in conjunction were also good. Such cases usually progressed and often became secondarily invaded with tubercle.

Dr. SUTHERLAND pointed out the great difficulty of diagnosing between this condition and tuberculosis; while Dr. POYNTON stated that cases of congenital syphilis were sometimes mistaken for lymphadenoma.

A Case of Congenital Acholuric Jaundice was shown by Dr. PARSONS. The patient, a boy, aged 8 years, had been yellow from birth. There was no other case of jaundice in the family, and no specific history. The spleen was uniformly enlarged. The temperature was 100° F., and the blood-count showed marked anæmia. Hæmoglobin, 28 per cent.

Drs. S. POYNTON and PARKES WEBER discussed the case.

A Case of Inherited Syphilis was shown by Dr. PARSONS.

A Case of Sarcoma of the Right Kidney.—Mr. HOWELL EVANS showed an infant suffering from sarcoma of the right kidney.

Mr. LOCKHART MUMMERY said the interest of the case was in connection with the so-called sign of the kidney not moving with respiration. But that was no criterion in children where there was a large tumour, because the kidney did move with respiration. It did in the present child, and in one he saw recently.

A Paper on Eighty Consecutive Cases of Wasting Infants Fed on Undiluted Citrated Milk was read by Dr. LANGMEAD, which was discussed by Dr. SPRIGGS, Dr. POYNTON, Dr. CARTER, and Dr. MILLER.

Provincial Societies.

LEEDS AND WEST RIDING MEDICO-CHIRURGICAL SOCIETY.

April the 8th, 1910.

Dr. J. B. HELLIER, President, in the chair.

A Case of Double Glaucoma.—Mr. CONSTABLE HAYES showed a boy, aged 17 years, with double glaucoma. About three months previously, while working below the surface in a pit, he noticed colours around the lights; shortly afterwards the sight gradually became affected. When he was first seen, three weeks ago, there was no injection, the tension in each eye was + 1, the anterior chambers were normal, there was glaucomatous cupping of each disc, and the pupils were semi-dilated. The pupils did not contract well under eserine. On March the 25th iridectomy was performed in the right eye. The tension remained — 1 for a week, but since then had gradually gone up again and was now about the same as before the operation. The patient's father, who had become totally blind from chronic glaucoma at the age of thirty, was also shown.

A Case of Congenital Thoracic Deformity.—Mr. G. PAUL ANNING showed a female infant, aged 8 months. Present weight, 12lb.; at birth, 4lb. 4oz. She was not a full-term child—probably eight and a half months. The labour was normal and quick. Presentation: left occipito-anterior. There was entire absence of the mammary gland and nipple on the left side. The sterno-costal portion of the pectoralis major and the whole of the pectoralis minor were absent. The chest-wall presented an excavated appearance on the same side. There was faulty development of the costal portion of the third rib, and during expiration the intercostal spaces were sucked in. The baby was well nourished and fairly strong, but she was apparently handicapped in breathing by the deformity. Respirations were shallow and quicker than normally and associated with an expiratory "grunt."

April the 22nd, 1910.

A Case of Asthma.—Dr. BRONNER showed a boy, aged 14 years, who had had attacks of asthma for ten years, more frequently during the last year. During the attacks there was more or less nasal obstruction, and there were frequent attacks of sneezing, often before the asthma commenced. He had been under medical treatment more or less the whole time. For two years he was under continued treatment at a local hospital. He was first seen on February the 10th, 1910. There was some thickening of the mucous membrane of the lower turbinates, and slight sticky discharge. The galvano-cautery was applied to the right lower turbinate and the right side of the septum. On February the 17th the left lower turbinate and the left side of the septum were burned. There had been no attacks of asthma since the last operation.

A Case of Congenital Heart with Transposition of Viscera.—Dr. A. G. BAERS showed a child, aged 2 years, with transposition of viscera.

There was also a congenital heart lesion ; the child had always been cyanosed. The apex-beat was on the right side, internal to the nipple line ; the liver was palpable on the left side. Over the whole præcordium there was a harsh systolic murmur, loudest in the pulmonary area.

Thoracostomy in Adherent Pericardium.—Dr. T. WARDROP GRIFFITH showed a boy, aged $9\frac{1}{2}$ years, suffering from adherent pericardium, in whom præcordial thoracostomy had been performed by Mr. Littlewood. He had been operated on for empyema five years ago. Swelling of the abdomen dated from Christmas, 1908 ; frequent tapping ; under observation at infirmary fifteen months. Enlarged heart, with signs pointing to “adherent pericardium.” On March the 3rd, 1910, portions of the third, fourth, and fifth cartilages removed, along with left margin of sternum, with idea of lessening work of the heart (operation by Mr. Littlewood). He recovered perfectly from the operation, but there had been but very little improvement.

Nephrectomy for Congenital Hydronephrosis.—Mr. W. THOMPSON and Dr. GRIFFITH showed an infant, aged 10 months, in whom nephrectomy for congenital hydronephrosis had been successfully performed. The infant was seven weeks old when admitted, with a very distended abdomen. The tumour was tapped when the child was one week old and every four or five days since then. Congenital hydronephrosis was diagnosed and kidney removed. Recovery uneventful.

A Case of Hypertrophic Cirrhosis.—Dr. MAXWELL TELLING showed a case of chronic hypertrophic cirrhosis in a child, aged 8 years. There was a hard, enlarged, finely nodular liver. The child was anæmic and the skin faintly icteroid. Fingers clubbed and growth somewhat stunted. No evidence of congenital lues. Marked growth of hair on arms.

A Case of Linear Atrophy of the Skin.—Dr. MAXWELL TELLING showed a girl, aged 14 years, with linear atrophy of skin of second finger (morphœa). This had been present since about second year, and looked like a verrucose linear scar.

Cases of Severe Keratitis.—Dr. E. F. TREVELYAN and Mr. MICHAEL TEALE showed three children in whom severe keratitis had been treated by tuberculin injections. In one case, a child aged 7 years, intense photophobia had existed continuously for two years before the tuberculin injections were tried, resisting both medicinal and operative treatment. The keratitis was of a peculiar interstitial type, clinically unlike the usual syphilitic form. Rapid improvement took place under tuberculin, and had been maintained.

LIVERPOOL MEDICAL INSTITUTION.

April the 7th, 1910.

Dr. BRADSHAW, President, in the chair.

A Specimen of Molluscum Contagiosum.—Dr. R. E. KELLY showed a specimen of molluscum contagiosum which was taken from the calf of a boy aged 11 years. It was alleged that the condition had been present since birth.

Sections of Retained Testicles.—Dr. D. MOORE ALEXANDER demonstrated sections of retained testicles removed from four patients aged respectively 8, 13, 24, and 36 years. The sections clearly showed that gradual fibrotic changes had occurred around the tubules and that degeneration had taken place in the cells lining the tubules.

Lungs in a Case of Acute Pneumococcal Septicæmia.—Dr. ERNEST E. GLYNN showed the lungs of a boy who had died from acute pneumococcal septicæmia. The duration of the illness was apparently only about five hours. There was no pneumonic consolidation of the lungs.

Acid-fast Bacilli in the Fæces.—Dr. F. P. WILSON read a note on the presence of acid-fast bacilli in the stools in tuberculous conditions, with special reference to lupus vulgaris. Recent work had showed that the presence of acid-fast bacilli in the fæces was not necessarily the result of tuberculous ulceration of the intestines or of the swallowing of sputum containing tubercle bacilli, as they had been found in cases of tuberculous diseases of the joints, lymphatic glands, and meninges. He had himself examined the fæces of ten cases suffering from lupus vulgaris by means of smears and also by injections into guinea-pigs, and in all the cases he had obtained a negative result. He suggested that further research might demonstrate the presence of the bacilli in cases of toxic tuberculides.

MIDLAND MEDICAL SOCIETY.

April the 20th, 1910.

Mr. FRANK MARSH, President, in the chair.

Eosin from the Urine of a Child.—Mr. L. C. S. BROUGHTON showed a specimen of eosin which he had extracted from the urine of a child, aged 9 years. The presence of the eosin was demonstrated by means of the spectroscope. On March the 2nd the urine was first noticed to be bright red; its colour remained unchanged for five days and then began to disappear, so that by March the 11th the urine was normal. The child, who was puny and naturally pale, was noticed to have an unusually red face while she was passing the urine containing eosin. Eosinuria had been described before, and in each case it had been traced to eosin taken in sweets or in food. In Mr. Broughton's case, however, the manner in which the eosin had entered the body could not be ascertained. Certain sweets that the child had eaten, and some toys that she had sucked, were examined for eosin, but no trace of it was found. Careful precautions were taken, which made it impossible for the eosin to have been added to the urine after it had been voided.

A Case of Adenoma Sebaceum.—Dr. DOUGLAS HEATH showed a bright, intelligent girl, aged 16 years, suffering from adenoma sebaceum. The eruption had started when the patient was four years of age. It consisted of small telangiectatic and pale pearly papules discretely scattered in the skin. The eruption affected chiefly the inner parts of the cheeks over

the naso-labial folds, the sides of the nose over the alæ, and the chin. Over the naso-labial folds the bright red nodules were closely aggregated, giving this part of the cheek almost a uniform red appearance. One large circular nodule, a quarter of an inch in diameter, could be seen on the outer side of the right cheek over the jaw, and another similar red nodule, with three distended sebaceous openings, was situated on the left side of the neck one inch below the chin. The face was practically free from acne. A microscopical examination of one of the nodules showed a marked accumulation of fibrous tissue under the epidermis. Below this mass of fibrous tissue were large round areas of sebaceous gland-tissue. Serial sections will be cut to determine the relation (if any) of these sebaceous gland masses to the sebaceous glands of the part. No rudimentary hairs were visible in connection with the epidermis covering the nodules.

Specimen of Congenital Cystic Kidney.—Mr. LUCAS showed this specimen, which was taken from an infant, who had died at the age of eleven months. The mother had noticed that the child's abdomen was very large from birth, but it was not until two months before death that the enlargement was recognised to be due to a renal tumour. The tumour was so large and appeared to be so firmly fixed that the diagnosis of sarcoma of the right kidney was made, and an attempt to remove it by operation was considered unjustifiable, as the child was very weak and would probably not have recovered from the shock of so extensive an operation. The tumour was extremely large, filling the right side of the abdomen, extending well to the left of the middle line, and pushing up the liver. The specimen was a typical example of a congenital cystic kidney, some of the cysts being very large. There was no evidence of any renal substance remaining. The left kidney was enlarged, but appeared healthy. No cystic changes were found in any of the other organs.

A Case of Chronic Polyarthritis.—Dr. SAWYER showed a boy, aged 9 years, who was suffering from stiffness and swelling of many joints, associated with enlargement of the lymphatic glands and of the spleen. The boy had never had rheumatic fever, and there was no evidence of congenital syphilis. One brother had died from tuberculosis, but there was no evidence of the condition of the patient being tuberculous. The duration of the disease was about eighteen months. It began with stiffness in the knees, which soon became swollen, but never painful. This was followed by a swelling of the left elbow and by stiffness of the hip-joints. These were the only joints involved. The affected joints were not tender, but a little pain was experienced upon their movement. The swellings had at no time subsided, but had gradually increased in size. Some grating could be felt when the knees were being flexed, but appeared not to be produced within the joints. There was considerable wasting of the muscles of the legs and thighs, and this was more marked on the left side. There was limitation of the movements of the hip-joints, especially of the left, so that very little abduction and rotation were possible. The radiographs showed that the thickening was chiefly peri-articular, but slight bony changes seemed to have occurred in the head of the left femur. The lymphatic glands in the axillæ, neck, and groins were slightly swollen, and palpation of the abdomen suggested that the mesenteric glands also were enlarged. The spleen extended to the costal margin. The unusual features about the case were—(1) the late age at which the disease had commenced, as it nearly always makes its appearance before

the sixth year, and (2) the absence of any changes in the wrist and ankle-joints, which are usually more extensively affected than any other joints.

Dr. MELSON referred to a similar case in which he had found von Pirquet's reaction positive. This patient had also been under the care of Dr. Sawyer for some time, who contended that a positive reaction did not prove that the articular changes were tuberculous in origin.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

April the 1st, 1910.

Dr. NEVILLE WOOD, President, in the chair.

A Case of Congenital Dislocation of the Hip.—MR. LAMING EVANS showed a child, aged 6 years, who had suffered from congenital dislocation of the hip, which had been replaced two years previously by manipulation. The original condition was shown by a skiagram, the trochanter being $1\frac{1}{4}$ in. above Nélaton's line. A second skiagram was exhibited which showed the present condition, with the head of the femur in the acetabulum. The leg was the same length as the other, and the child could jump and run without anything abnormal being noticed.

Abstracts from Current Literature.

Medicine.

A case of status lymphaticus (*'Arch. of Pediat.,'* vol. xxvi, 1909, p. 689).—G. R. Satterlee showed a case in a boy, aged 2 years, before the Section on Pediatrics, at the New York Academy of Medicine, in whom the diagnosis was made from the enlarged thymus, dyspnoea with inspiratory stridor, enlarged veins of neck and thorax, and convulsions which were preceded by a crying fit and accompanied by inspiratory stridor.

J. D. ROLLESTON.

Scarlet fever, rubella, and the fourth disease (*'Arch. of Pediat.,'* vol. xxvi, 1909, p. 649).—D. J. Milton Miller holds that a well-marked rash in scarlet fever without desquamation is possible though infrequent, and that the peeled strawberry tongue is sometimes absent in genuine cases of scarlet fever and is present in other conditions. He records cases which suggest the possibility of *rubella sine eruptione*, and agrees with Ker in regarding the existence of a fourth disease as non-proven.

J. D. ROLLESTON.

Congenital absence of pectoral muscles (*'Journ. de méd. de Bordeaux,'* 1909, p. 709).—Codet-Boisse. A boy, aged 10, was shown before the Soc.

d'Obstét. et de Péd. de Bordeaux, who had complete absence of the pectoralis minor and middle and lower divisions of the pectoralis major on the left side. The upper portions of the pectoralis major were abnormally well developed. No other abnormalities were present. Congenital absence of the pectorals is almost always unilateral, and is equally frequent on either side. Only one case has been published of symmetrical absence (Reboul). Reference is made to Sawyer's case published in the *BRITISH JOURNAL OF CHILDREN'S DISEASES*, 1909, p. 68. J. D. ROLLESTON.

Diphtheria of intestine ('*Montreal Med. Journ.*,' 1909, p. 515).—**R. E. McKechnie.** A girl, aged 6, born in Fiji, was taken ill with symptoms of dysentery. She passed several blood-stained stools daily consisting of mucus and pus, which contained an enormous quantity of streptococci. These disappeared rapidly after treatment with antistreptococcic serum, but the symptoms persisted. Cultures of the stools subsequently showed organisms resembling diphtheria bacilli. Antitoxin was given with immediate improvement. Two days later a complete cylindrical cast of the bowel, four inches long, was passed, and proved on microscopical examination to be diphtheritic membrane. The knee-jerks were absent, and subsequently paralysis of the arms developed and lasted for a fortnight. Recovery was slow but complete. J. D. ROLLESTON.

Hæmoptysis in measles ('*Journ. de méd. de Bordeaux*,' 1909, p. 725).—**P. Vergely.** A girl, aged 8 years, had a violent attack of coughing followed by abundant hæmoptysis in convalescence from measles. There were no hæmorrhages from any other mucous membranes. Nothing abnormal was detected on examination of the chest. The temperature was slightly raised for a few days. When seen five months later the child was in good health. J. D. ROLLESTON.

Purpura fulminans ('*Arch. of Internal Med.*,' vol. III, 1909, p. 193).—**C. A. Elliott.** A girl, aged 8 years, with no family history of purpura or bleeding, died of purpura fulminans on the twenty-second day of a mild attack of scarlet fever within sixty-eight hours of the first appearance of purpura. Hæmaturia occurred on the day before death. The eruption had a symmetrical distribution. Gangrene of the toes and adjacent part of the feet with bullæ over the gangrenous area developed before death. Mental activity was retained till the last. Blood examination: Hæmoglobin 55—60 per cent.; red cells 2,720,000, white cells 65,400. Autopsy: Hæmorrhagic infiltration of pelvic fascia, submucosa of bladder and left ovary; two small hæmorrhages on surface of left lung; cloudy swelling of liver and spleen, and acute nephritis. Cultures from heart blood, serum in bullæ, and spleen pulp negative. A valuable review of the literature is appended. J. D. ROLLESTON.

Relation of duodenal ulcers to atrophic conditions in infants ('*Arch. of Pediat.*,' vol. XXVI, 1909, p. 661).—**H. F. Helmholz** thinks that duodenal ulcers are common in atrophic infants, having observed sixteen cases within six months. In comparatively few does the ulceration progress to the erosion of a vessel or perforation. The lesions may easily be overlooked at the autopsy. Their pathogeny is obscure. The pathological anatomy is the same as is the gastric ulcer of adults. Helmholz records

seven cases in children whose ages ranged from one to seven months. In only three did the ulcers show any symptoms whatever. Diagnosis is rendered possible only by the erosion of a vessel or by peritonitis. Even wide-spread peritonitis may produce no symptoms, so that hæmatemesis or mælena may be the only indications of the condition. The prognosis is very grave not only on account of hæmorrhage and peritonitis, but because the reduced vitality of the child makes it very susceptible to pneumonia, and renders the feeding problem still more difficult. J. D. ROLLESTON.

Rupture of neck-vessels into pharynx in scarlet fever (*Glasgow Med Journ.*, 1910, p. 23).—J. H. Griffiths and D. F. Riddell record two cases of this rare complication. (1) Boy, aged $9\frac{1}{2}$ years, developed cervical adenitis on the twenty-third day of a mild attack of scarlet fever. Three days later the right tonsil became swollen, and on the twenty-eighth day presented the appearance of a quinsy. Pressure with the finger-tip caused the swelling to break down, and this was followed by profuse and uncontrollable hæmorrhage. Death took place in about a minute. The autopsy showed an irregular cavity behind the right tonsil lined with laminated blood-clot. The outer wall of the cavity was connected with the internal jugular vein. Case 2: Boy, aged $3\frac{1}{2}$ years. Death from arterial hæmorrhage occurred without warning on the twenty-second day of disease in convalescence from scarlatina anginosa. The autopsy showed two large breaking-down glands in the neck and involvement of the internal carotid in the ulceration.

J. D. ROLLESTON.

Morbilliform rash in vaccinia (*Ann. de Méd. et Chir. Inf.*, 1909, p. 567).—E. Gaujoux.—A nursing, aged 10 months, who had been successfully vaccinated a week previously, presented a morbilliform eruption, which was most marked on the lower limbs. The face was not affected. Temperature 99.2° F. There were no drug nor gastro-intestinal intoxication, and no erupting teeth. The child was the subject of congenital syphilis, and was also affected with retro-auricular eczema. Gaujoux rejects the diagnosis of syphilitic roseola, which is rare in nurslings, of slow evolution, and is always associated with glandular enlargement and mucous tubercles, which were absent in this case. The occurrence of the eruption is attributed to hepatic insufficiency and a special cutaneous irritability.

J. D. ROLLESTON.

The acquired venereal infections in children (*Johns Hopkins Hosp. Bull.*, May, 1910, p. 142).—Flora Pollack gives here a study of 187 cases of this nature, there being present gonorrhœa with or without syphilis. She states that nearly a thousand children are infected every year in Baltimore by men who have the idea that their affection will be cured by "passing it on." She institutes a vigorous campaign against this superstition which has such deplorable results. A useful analysis of the cases from many points of view is given. There were as many cases at the age of three as at the age of fifteen.

ERNEST JONES.

Epidemic cerebro-spinal meningitis and its treatment (*Gaz. des Hôp.*, August 14, 1909, p. 1159, and August 21, p. 1183).—R. Voisin gives an excellent general review of considerable length, and with an extensive bibliography. The recent work on the ætiology and treatment of the malady is fully described. The article contains no original matter.

ERNEST JONES.

A case of amaurotic family idiocy (*'Med. Rec.,'* November 13, 1909, p. 839).—**C. G. Kerley** presented this case before the New York Academy of Medicine. The patient was a Jewish boy, eighteen months old, and had been under observation since he was a month old. The reflexes were absent. The fontanelle was tense and bulging, but lumbar puncture disclosed nothing abnormal beyond an increase in the pressure of the cerebro-spinal fluid.

ERNEST JONES.

A case of diabetes in a child seven years of age (*'Med. Rec.,'* November 13, 1909, p. 839).—**D. Bovaird** showed before the New York Academy of Medicine a boy who three weeks previously had begun to pass an unusually large quantity of urine. He had extreme thirst and an insatiable appetite. He passed 4000 c.c. of urine daily; the quantity of sugar is not stated. The sugar rapidly disappeared when the patient was put on a carbohydrate-free diet.

ERNEST JONES.

A new sign in the lower limbs in the meningitis of children (*'Gaz. des Hôp.,'* December 7, 1909, p. 1746).—**L. Babonneix** describes Brudzinski's recently described "signe de la nuque." This is tested as follows: The child lies on his back with extended limbs; if the observer passively bends the head forward the lower limbs simultaneously flex. The sign is practically always present in meningitis, but is not pathognomonic of it; the kind of meningitis makes no difference.

ERNEST JONES.

A case of late scoliosis in infantile paralysis (*'Gaz. des Hôp.,'* July 1, 1909, p. 943).—**R. Gaultier** and **D. Baïsoin** relate the following interesting case: The patient, a man of thirty-two, had suffered from acute poliomyelitis at the age of eighteen months; this left him with a considerable atrophy of the left lower limb. At the age of sixteen he suddenly began to show a spinal curvature, which rapidly progressed for five months. It was most marked in the dorsal region, and the convexity of the curve was to the right. The authors discuss the diagnosis, eliminate juvenile scoliosis and static scoliosis secondary to the limb deformity, and conclude that the curvature was due to weakness of muscles affected by the infantile poliomyelitis. Other cases of the kind are known of.

ERNEST JONES.

A case of root paralysis, of Erb's type, of obstetric origin (*'Gaz. des Hôp.,'* May 18, 1909, p. 719).—**L. Babonneix** and **R. Voisin** describe in detail a typical case of this kind in a boy of ten. Forceps had been used at the labour. The right arm had been weak since birth. There was shortening of the arm, not of the forearm. Sensibility was normal.

ERNEST JONES.

The ocular affections of chorea (*'Gaz. des Hôp.,'* April 13 and 15, 1909, p. 523).—**L. Babonneix** and **L. Bernard** give a short review of the literature on this subject, and add an account of their own observations; these, however, were got by reading old notes, and not from a special inquiry. They have never seen iritis, and there has been only one instance of it reported. They saw conjunctival anæsthesia in fifteen out of twenty cases. In twenty-seven cases they saw mydriasis twice, inequality of the pupils twice, and hippus three times. Neither optic neuritis nor ophthalmoplegia was ever observed.

ERNEST JONES.

Infantile asthma (*Gaz. des Hôp.*, April 22, 1909, p. 566).—**P. Maurel** gives a general review of this subject, describing the typical form and the aberrant varieties, and discussing the diagnosis and treatment. The reader is referred to the original, as the article does not lend itself to an abstract.

ERNEST JONES.

A case of Mongolian idiocy (*Med. Rec.*, November 6, 1909, p. 772).—**A. L. Hellman** gives here a full account of a typical case. The patient was a boy of nine. Hellman lays stress on the delay in ossification, particularly of the carpal bones.

ERNEST JONES.

Cyclic vomiting in children (*Arch. de M'éd. des Enf.*, October, 1909).—**Comby** gives details of 104 cases of recurrent attacks of uncontrollable vomiting in children. The attacks last for one or several days (the patient being apparently well in between), and are found in children generally between the ages of two and six years. The sexes are affected equally, fifty of the author's cases being boys and fifty-four girls. In six cases two or three members of a family were affected. In sixty-two there was a neurotic and gouty family history. Dyspepsia or some infectious disease frequently preceded the onset of the vomiting, but appendicitis was one of the commonest antecedents. Ten cases were fatal, and in these fatty degeneration of the liver and gastro-intestinal lesions were found. The attacks come on suddenly with constipation and great prostration. Vague abdominal pain is sometimes complained of. The temperature at times is high, but is not always raised. Comby found appendicitis in fifty of his cases, and he regards appendicectomy as the best means of stopping the vomiting. Treatment consists in giving alkalis to contract the evident acid intoxication, and during an attack lavage may arrest the vomiting. The author further advocates the administration of powders containing .25 gm. each of calcined magnesia, benzonaphthol and sodium bicarbonate with .01 gm. of powdered nux vomica twice a day for ten days at a time. The vomiting recurs every month in some cases and in others at longer or more irregular periods. A sweet or acid odour of the breath is present just before or during the attacks.

T. R. WHIPHAM.

The neck sign in meningitis (*Arch. de M'éd. des Enf.*, October, 1909).—**Brudzinski** announces a new sign which is said to be even more constant in meningitis than Kernig's or Babinski's signs. It consists of a flexure of the ankle-, knee- and hip-joints on bending the head forwards, and was present in all but one of the author's forty-eight cases of meningitis of various organs. Increased pressure on the brain alone will not account for the sign, as it is not present in hydrocephalus and other abnormal brain conditions.

T. R. WHIPHAM.

Primary splenomegaly (*Amer. Journ. of the Med. Sciences*, June, 1909).—**Brill, Mandlebaum, and Libman** claim that splenomegaly of the Gaucher type is a distinct disease, which starts in early life, often affects several members of a family, and runs a chronic course. It is characterised by a great enlargement of the spleen, followed by a similar change in the liver. There is neither jaundice nor ascites. The skin is discoloured, especially where exposed. In the blood there are no special changes. The organs affected are the spleen, liver, lymphatic glands, and marrow, which histologically show large cells with small nuclei and a peculiar hyaline protoplasm,

and the presence of pigment containing iron. These cells arise from the endothelium or normal reticulum. The ætiology of the disease is unknown, though a susceptibility of the hæmatopoietic apparatus to some toxic agent is most likely present. There is nothing in the authors' two cases to suggest tuberculosis, and when this occurs in primary splenomegaly it must be considered as a superimposed process. The disease is not usually fatal in itself, death, as a rule, being due to some intercurrent affection.

T. R. WHIPHAM.

Herpes febrilis on the fingers (*'Brit. Journ. of Dermatol.,'* October, 1909).—**Adamson** saw four patients with this very unusual condition. The first was a boy, aged 5 years, who had periodical attacks of an eruption of vesicles on the thumb. It was thought that this was due to thumb-sucking, to which he was addicted, but it was observed that the eruption coincided with attacks of feverish cold, and that on one occasion the vesicles appeared on the forefinger, which was not sucked. The second patient was a boy, aged 4 years, who had a vesicular eruption on the back of the second joint of the left index finger. He was in poor health at the time, and also presented herpes labialis. The third was a girl, aged 8 years, who had an attack on the back of the right index finger during the course of an apical pneumonia. In the last, a girl, aged 9 years, repeated attacks of herpes had occurred on the dorsal surface of the fold between the first and second fingers of the left hand.

T. R. WHIPHAM.

Chorea a symptom—not a disease (*'Amer. Journ. of the Med. Sciences,'* September, 1909).—**Swift** maintains that chorea should be looked upon as a symptom in the same way as jaundice, convulsions, or dropsy, and not as a definite disease. Chorea may be divided into two classes. In the one the movements are a symptom of some infection, such as malaria, or with the pneumococcus, the *Bacillus typhosus*, or the *Micrococcus rheumaticus*, in many of which cases there is an accompanying heart lesion. Treatment depends upon the nature of the infecting organism, but absolute rest, both mental and physical, is essential. In the other group the cause is not so definite. The patients are usually young girls between seven and fourteen years of age. They are generally in a condition of bad health and anæmic, and have been subjected to some mental or physical strain. The condition is quite analogous to hysteria in older people. All the treatment necessary is rest, good feeding, and tonics.

T. R. WHIPHAM.

Diphtheria of the intestines (*'Montreal Med. Journ.,'* August, 1909).—**McKechnie** records the case of a girl, aged 6 years, who left Fiji for Germany. Shortly before leaving she was attacked with apparently mild dysentery. The condition persisted during the voyage of 2½ weeks, but was held in check by treatment, though the stools were small and frequent and contained blood, mucus, and pus. Enormous quantities of streptococci were found to be present and these disappeared under treatment with streptolytic serum, but the symptoms did not abate. Finally cultures showed bacilli of the diphtheritic type. Anti-diphtheritic serum was then used with immediate improvement, and two days later a complete cast of the bowel, about four inches in length, was passed. The child made a slow but good recovery. The cast microscopically was a true diphtheritic membrane. The knee-jerks were noticed to be absent, and later paralysis of the sphincter ani occurred so that for two weeks there was incontinence of fæces.

T. R. WHIPHAM.

Gastro-succorrhœa and pyloric stenosis in infants (*Deut. med. Wochens.*, July 22, 1909).—**Engel** reports two cases of typical pyloric stenosis in infants in whom the condition had probably followed an excessive secretion of the gastric juice. He believes that "psychic gastric secretion" does not occur in infants less than a month old, and that large amounts of gastric juice present in an empty stomach are therefore abnormal. He further maintains that hypersecretion alone without hyperacidity is sufficient to produce a spasmodic contraction of the pylorus. The stenosis is at first purely spastic, as fluid food was previously able to pass through, but under the influence of spasmodic contraction the pylorus becomes hypertrophied, so that when the hypersecretion and the spasm have subsided its lumen is left a little smaller, and it may be several weeks before the normal conditions are restored. In both of the author's cases and in others recorded small intercurrent hæmorrhages occurred in the stomach, the presence of which produced profuse gastric secretion and repeated vomiting. His method of feeding was by the bowel alone. He inclines to the belief that a nervous disturbance is the origin of the condition—an isolated secretory anomaly.

T. R. WHIPHAM.

Acute diarrhœa in infancy (*Virgin. Med. Semi-month.*, August 27, 1909).—In the treatment of acute diarrhœa due to fermentation in infants, **Nowlin** starts with a purge of castor-oil and follows this with ten to fifteen minims of a one grain to four ounces solution of perchloride of mercury every four hours until the stools became permanently yellow in colour. The dose is then decreased, just enough mercury being given to keep the stools normal. Food is withheld for the first twenty-four hours and then resumed as usual, the mercury being continued for a week or more. Irrigation is sometimes resorted to, but the author thinks that in this form of diarrhœa irrigation is often overdone.

T. R. WHIPHAM.

Urine in the gastro-intestinal diseases of infancy (*Arch. of Pediat.*, August, 1909).—**Morse** and **Crothers**, from a study of 300 cases, find that albuminuria is present in from 8 to 10 per cent. of babies who are suffering from disorders of the intestinal tract, and that it occurs more often in acute than in chronic cases. Examination of the deposit shows that the lesion does not extend beyond that of cloudy swelling or active hyperæmia. Infection of the urinary tract resulting in pyelitis or pyelonephritis is far more common than acute parenchymatous or interstitial nephritis. In chronic cases there is no relation between the albuminuria and the symptoms or death-rate. In acute cases the mortality is higher when albuminuria is present than when it is not, though the presence of albumin in a given case does not materially affect the prognosis. The œdema which occurs in the course of gastro-intestinal affections is not connected with the condition of the kidneys, nor are such symptoms as restlessness, convulsions, or stupor; these are due to toxæmia, and not to uræmia.

T. R. WHIPHAM.

Defective and perverted thyroid functioning in children (*Ann. de Méd. et Chir. Inf.*, August 15, 1909).—According to **Concetti** thyroid insufficiency is accountable for many conditions found in infancy, such as a tendency to fatness, to transient œdema, cold hands and feet, scanty and brittle hair, vasomotor disturbances, vomiting, somnolency, and poor resistance to infections. With artificial feeding the conditions become more pronounced, and eczema, urticaria, and delayed dentition are liable to occur.

Nurslings evidently receive in mother's milk some of the products of the mother's thyroid, and if there is any thyroid derangement in the mother or wet-nurse the hypothyroidism of the infant may be productive of severe consequences; thus if the mother has goitre the child may become myxœdematous. All children showing signs of insufficiency are cured by thyroid treatment and change of wet-nurse. In some cases the infants seem to suffer from alternate excess and deficiency of thyroid functioning. The thyroid treatment, therefore, should be given with caution.

T. R. WHIPHAM.

The question of lordotic albuminuria (*'Deut. med. Wochens.,'* August 26, 1909).—**Vas** has examined 150 girls between the ages of 9 and 14 years to determine the influence of curvature of the spine on orthostatic albuminuria. His investigations confirm those of Jehle (*c. BRITISH JOURNAL OF CHILDREN'S DISEASES*, vol. v, p. 268) on the whole, but they show that curvature of the spine is not the only cause, although it is an important factor in many cases owing to its interference with the circulation in the kidneys.

T. R. WHIPHAM.

Oxygen in whooping-cough (*'Lyon Méd.,'* August 22, 1909).—**Weill and Mouriquand** find that the administration of oxygen at the commencement of the paroxysms in whooping-cough is of service in warding off broncho-pneumonia and suffocation. The oxygen is given at each paroxysm and if possible just as it begins. The cyanosis subsides and the patient is relieved. The gas renders the lung aseptic and thus able to resist infection. It must be used freely, at least ten or twelve litres for every paroxysm, and if there is danger of broncho-pneumonia it should be inhaled every hour.

T. R. WHIPHAM.

Eclampsia in the new-born (*'Zeit. f. Geburtsch. u. Gynäk.,'* LXV, No. 1).—**Esch** states that in many cases of children borne by women suffering from eclampsia the organs presented the same change as those of the mother. Convulsions in new-born children can only be attributed to eclampsia when all other causes have been excluded. With the author's three cases the total number in the literature is thirty-two; in six of these, however, the mother had albuminuria alone without actual eclampsia. The first convulsion in the infant occurred in from a few minutes to forty-six hours after birth, and the attacks lasted from a half to ten minutes. The severity of the convulsion seems to be in inverse ratio to the severity of the eclampsia in the mother rather than in proportion to it. The infants were all at or near term, but the mortality was high. The treatment can only be symptomatic: small doses of bromide and chloral by the rectum and warm baths to promote the elimination of toxins.

T. R. WHIPHAM.

Ulcerative stomatitis (*'Montreal Med. Journ.,'* August, 1909).—**Cushing** reports cases which show the association existing between a mildly contagious form of ulcerative stomatitis and the organisms of Vincent's angina. The patients were children between three and eight years of age, the inmates of institutions, all of whom suffered from mal-nutrition. The disease was somewhat infectious and began as a small superficial ulcer at the margin of the gums, which sometimes extended as an adherent false membrane on to the cheek, tongue, or fauces. There was a characteristic fœtid odour, and mild constitutional disturbance with enlargement of the neighbour-

ing lymphatic glands. Smears showed the presence of the organisms in great numbers. Recovery occurred in one to three weeks under the administration of potassium chlorate internally.

T. R. WHIPHAM.

Influenzal meningitis (*'Archiv of Intern. Med.,'* October, 1909).—**Davis** saw twin brothers who became ill on the fifth day after birth, and died respectively on the ninth and eleventh days. The two cases were similar, but there was no distinct evidence of meningitis. A necropsy on the first child showed acute purulent meningitis and acute enteritis. Both from the meninges and from the peritoneal fluid pure cultures of *B. influenzae* were obtained. The usual entrances of infection—the nose, tympanic cavities, lungs, bronchi, and throat—were normal and the umbilical cord was unaffected.

T. R. WHIPHAM.

Congenital pyloric spasm (*'Journ. of Amer. Med. Assoc.,'* November 20, 1909).—In the treatment of this condition **Miller** advocates that sufficient time should be allowed between the feeds for the stomach to empty itself. This can be determined by noticing the latest period after a feed at which vomiting occurs, and also by the use of the stomach-tube employed for gastric lavage. In some cases it is necessary to make the intervals between the feeds as much as four hours. If vomiting occurs about or just before the time for feeding the meal should be postponed for half an hour. Breast milk is the ideal food for these infants, but if the fat is not well tolerated it should be removed by centrifugalising. Whey, followed later by the addition of cream or butter-milk, may also be used, and it is of advantage to alkalise it with 25 to 33 per cent. of lime-water to neutralise the acidity and render the casein more soluble. **Rosenhaupt** (*'Deut. med. Wochens.,'* October 14, 1909) lays stress on the specific action of rectal injections of saline solution in inhibiting the secretion of the gastric juice, the checking of which is the only rational line of treatment. It has failed only once in his experience, and in that case the necropsy revealed an abnormally contracted stomach.

T. R. WHIPHAM.

The early diagnosis of measles (*'Münch. med. Wochens.,'* October 12, 1909).—**Hecker** has observed a great reduction in the number of leucocytes during the incubation period of measles. The change is found one to three, and sometimes even ten or eleven days, before the appearance of Koplik's spots. In addition to the decrease in the total number of leucocytes there is a relative diminution in the number of lymphocytes, which may almost disappear from the blood. These signs may prove important in children who have been exposed to infection.

T. R. WHIPHAM.

Uræmia, sequel to scarlet fever (*'Journ. of Amer. Med. Assoc.,'* December 11, 1909).—**Child** saw a boy, aged 7 years, who passed through a typically severe infection of scarlet fever. The temperature fell on the sixteenth day, and there had been no albuminuria. Four days later twitching commenced and the patient became unconscious, the temperature gradually rising to over 104° F. Œdema appeared, and convulsions continued for twenty-eight hours. The heart was dilated and the urine was loaded with albumin and casts. Purges and diaphoretics were employed, and finally venesection when the child appeared to be *in extremis*. From the time of the bleeding the convulsions ceased and the patient gradually recovered consciousness. He eventually made a good recovery.

T. R. WHIPHAM.

Arthritis due to injections of antidiphtheritic serum in a child (*Journ. de Med. de Bord.*, December 5, 1909).—**Augistron** remarks that slight local reactions have been frequently noted in man, but the present case is noteworthy from the intensity and persistence of the local phenomena. A boy aged 6 years was being treated for hæmophilia. On the 18th of June, after a severe epistaxis, 20 c.c. of Roux serum was injected under the skin of the abdomen; no reaction followed. On June 27th, after a fresh hæmorrhage, 10 c.c. of the serum was injected under the skin at the outer part of the left hip. Half an hour later the child complained of pain in the left leg, and there was much tenderness at the site of injection. Three hours later movements of the leg were painful; the puncture showed a small ecchymosis surrounded by a pallid area the size of a five-franc piece. The thigh was œdematous, and here and there were violet patches and areas of urticaria. The œdema extended next day upwards to the lumbar region and down below the knee. After this the phenomena slowly disappeared. The writer considers they were not due to sepsis, as they began half an hour after the injection, and there was no rise of temperature, but that they depended in some way on the serum reaction itself.

J. PORTER PARKINSON.

Severe hæmoptysis during convalescence from measles (*Journ. de Med. de Bord.*, November 14, 1909).—**Vergely**. A healthy child, aged 8 years, developed a measles rash on April 11th; this disappeared five days later. There was slight bronchial catarrh which lasted till April 21st, and the child's health seemed completely restored. She got up on the 23rd and remained well till on April 30th, after a short walk, she began to cough, and brought up a little blood; the cough continued, and finally she expectorated about a teacupful of blood, bright and frothy. Examination of the chest was negative. No more blood was brought up, and the child, after eight days' rest, was sent to the country. Hæmoptysis is rare in childhood, apart from tuberculosis or whooping-cough, but when it occurs it is generally due to one of the acute specific fevers, such as measles or scarlet fever.

J. PORTER PARKINSON.

Clinical notes on a few cases of hydatid disease of the lung (*New Zealand Med. Journ.*, November, 1909).—**H. M. Wilson**.—In this paper four cases of hydatid disease of the lung are described in children, together with two other cases in adults. Case 1: Girl, aged 9 years. Whooping-cough two years previously, and since then had had a paroxysmal cough. She coughed up several pieces of hydatid membrane. Well-marked dulness over the base of the right lung up to the angle of the scapula. A piece of rib was excised, a needle inserted into the abscess cavity, and the cyst incised through thickened pleura and lung and the endocyst removed. In sixteen days the wound had healed, and the child subsequently improved very much in health. Case 2: Girl, aged 13 years. Patient was admitted to hospital for chronic Bright's disease, with left pleural effusion. The urine was almost solid with albumin. The effusion was tapped, and afterwards became purulent, and was drained. One day she suddenly had a profuse hæmoptysis and choked. After clearing her throat of a large piece of hydatid membrane she was inverted, and doing artificial respiration, she came round and recovered. Case 3: Boy, aged 16 years. One year previously pneumonia in right lower lobe: When he came under observation he had been ill in

bed for two or three weeks, and had signs of right-sided pleural effusion. A needle inserted on two occasions drew off a clear, straw-coloured fluid. He then became better for a few days. Another exploration was performed and the patient suddenly became cyanosed, with rapid pulse and vomiting. The dulness was unaltered, but above and in front the lung was very resonant, and tubular breathing could be heard everywhere. Next day the whole side of the chest was dull, with tubular breathing, moist râles, and dry, sharp crepitations. There was then a profuse albuminous expectoration, and on the following day the dulness and crepitation had disappeared, with the exception of a little dulness at the base, with poor air-entry over this area. A piece of rib was excised and the cyst localised with an exploring needle. The two layers of pleura were stitched together, the opening into the cyst was enlarged, and the cyst fixed to the chest-wall. A tube was put in and the boy did well. Case 4: Girl, aged 12 years. The patient had a well-marked hydatid of the liver seven years before, which had been removed. She was admitted to hospital for a suppurating hydatid of the lung, and occasionally expectorated a small amount of pus, which contained hooklets. There was a fluctuating swelling between the ribs and the right axilla. This was incised, the endocyst removed, and a small quantity of pus evacuated. She slowly got well and the wound healed, but subsequently opened up again. Part of the endocyst presented in the wound, and the whole cyst was removed by means of forceps. This was followed by a very severe hæmoptysis, which led to an asphyxial condition, from which she recovered by artificial respiration. She is now well, but in the lower right costal region, near the sternum, there is a slight prominence which suggests the presence of another cyst. The author points out that there is an increase in hydatid disease in New Zealand, and that this increase must continue unless something drastic is done to stay it. If the meat given to dogs were cooked there ought certainly to be no reason for its survival.

JAMES E. H. SAWYER (Birmingham).

Typhobacillosis of Landouzy and late localisations of acute tubercular infection in children (*Le Progrès Méd.*, December 26, 1909, No. 52, p. 1121).—MM. Weill and Mouriquand believe with Landouzy in the frequency of typho-bacillosis which is seen in children's hospitals. They describe several types corresponding to late visceral localisations, meningeal, peritoneal, pleural, and pulmonary. In all the cases observed one fact stood out prominently: the great uncertainty of the diagnosis at the typho-bacillary period during which one is face to face with the possibility of a typhic infection. Clinically, some importance must be attributed to the absence of taches and of palate ulcerations. The size of the spleen is variable; the temperature chart gives valuable information: the fever is well borne; the temperature often oscillating and irregular; the appetite is often retained. Personal antecedents must be carefully investigated, and laboratory research is next in importance, *i. e.* the tubercular reaction, injection of artificial serum (Hutinel), the sero-reaction of Arloing and Courmont, the inoculation of 5 c.c. of blood into the peritoneal cavity of a guinea-pig (Gougerot), Jousset's inoscopy, search for Koch's bacillus in the blood by the leech method (Lesieur). Widal's serum diagnosis is negative. Typho-bacillosis without localisation may end in recovery, but with localisation the gravity of the affection is greatly augmented, and there is unfortunately a great tendency to localisation.

VINCENT DICKINSON.

Pathology.

Morphology of blood in pertussis (*'Arch. of Internal Med.,'* vol. 1, 1908, p. 602).—**J. H. Barach** examined fifty cases whose ages ranged from $1\frac{1}{2}$ to 72 years. He found that lymphocytosis is the characteristic feature in the early stage of pertussis, and reaches its highest grade in children most severely affected. As improvement sets in the polymorphonuclears increase and eosinophilia is present.

J. D. ROLLESTON.

Therapeutics.

Treatment of cholera infantum with carrot soup (*'Jahrb. f. Kinderheilk.,'* May, 1909).—**Beck** advocates the treatment of various gastrointestinal disorders in children with carrot soup, which seems to alter the flora of the intestines, and so arrest the symptoms. The soup is made by adding mashed carrots to beef-tea, and contains about 250 calories to the quart; it is given every three or four hours, and in between the child is allowed to drink as much as it likes. One advantage of the carrots is that they form an accumulation of waste products, which serves to keep the intestines active better than a pure water diet.

T. R. WHIPHAM.

Lumbar puncture in whooping-cough (*'Med. Press,'* November 10, 1909).—**Eckert** advocates lumbar puncture in pertussis. In post-mortems on children who have died after treatment with bromide and chloral the only lesion found in the body was œdema of the brain and meninges. Eckert consequently has treated several cases by lumbar puncture, followed immediately by a bath, with striking success. A speedy recovery occurs even in patients who are in an eclamptic state and have been admitted as dead. He contends that the bath after the operation is an important adjunct, as it stimulates the respiration, increases the venous flow, and at once removes the œdema, the immediate cause of the disease.

T. R. WHIPHAM.

Treatment of diphtheria with pyocyanase (*'The Therapist,'* October 15, 1909).—In the treatment of diphtheria **Koslowsky** advocates the local application of pyocyanase in conjunction with the injection of antitoxic serum. Pyocyanase is best used in a 15 per cent. solution in water as a spray for the throat or on tampons for the nose. The dissolving effect of the drug on the membrane is remarkable, and may render intubation and even tracheotomy superfluous. It soon causes disappearance of the factor and favourably influences the condition of the patient. It is probable that the combined treatment with pyocyanase and serum shortens the period of the disease and greatly reduces the mortality.

T. R. WHIPHAM.

The administration of gelatin by the mouth in melæna of newborn infants (*'Lyon méd.,'* Dec., 1909, Nov. 31, p. 1073).—This case is reported by **De Teyssier**, of Toulon. The patient, a girl, was born at term after a labour of twelve hours in a three-para, the short forceps being applied at the vulvar orifice. The infant appeared normal. On the seventh day the author was called in on account of melæna, which had been present from the first stool passed until then. The stools were copious, and occurred twice daily, staining the napkins like Indian ink. There was no

vomiting, fever, shivering, or any other hæmorrhage. The belly was lax, and the infant took the breast well, and commenced to gain weight. It was ascertained that the blood did not have its origin in the mouth or nose of the child, nor the mother's breasts. Having noticed in Prof. Weill's clinic the tolerance exhibited by infants with diarrhoea for gelatin, the author administered by mouth the first day, four tubes of 10 c.c. of 10 per cent. gelatinised serum, *i. e.* four grammes of gelatin. At the end of twenty-four hours the stools had become bronze-green. After the second day, during which the same dose was given, they were yellowish-green. The dose was reduced by half on the third day, and one tube only was given on the fourth, the stools being yellow, and they maintained this colour after the treatment was suspended. The author asks how the gelatin, changed by the gastric juice into gelatose which has no coagulating property, could have acted as an hæmostatic to the intestinal lesions. On this question Carnot suggests that the gelatose itself is retransformed into gelatin in the intestines.

VINCENT DICKINSON.

Treatment of thrush in newborn infants (*'La Clin. Infant.'* Dec., 1909, No. 24, p. 757).—**M. Rudaux** describes the procedure he employs to combat this affection. (1) The lingual and buccal mucous membranes are rubbed morning and evening with a tampon of absorbent wool dipped in Van Swieten's solution and well squeezed. In severe cases the mucous membrane is cleansed with sterilised wool to remove the plaques, and then swabbed once daily with a mounted swab soaked in solution of nitrate of silver 2 per cent., and immediately neutralised with another swab soaked in solution of salt. (2) The mouth is frequently washed, especially before a feed, with a 10 per cent. solution of borax, or with lime water, or with a solution of equal parts of bicarbonate and baborate of soda, 10 per cent., in a mixture of glycerine and water equal parts. (3) The nipple or teat is cleansed before each feed with 10 per cent. solution of borax, and after the feed with Van Swieten's solution. (4) When there is vomiting lavage of the stomach is done daily with solution of bicarbonate of soda 8 per cent.

VINCENT DICKINSON.

Treatment of incontinence of urine (*'La Clin. Infant.'* January 15, 1910, No. 2, p. 63).—**M. Jeanbrau** brought before the Soc. des Sciences Méd. three cases of nocturnal incontinence of urine cured by acidification of the urine. He had noticed that in these cases the urine was either neutral or alkaline; he prescribed phosphoric acid and the incontinence immediately disappeared. The author is of opinion that adenoids and adherent prepuce play subsidiary parts. He administers the phosphoric acid as Bardet's lemonade. Acid. phosphoric, official, 28 gr.; tincture of orange, 20 gr.; syrup, 250 gr.; distilled water to 1 litre. One to two glasses daily for an adult, one to two small glasses for a child.

VINCENT DICKINSON.

On the use of morphine in acute spasmodic affections of the larynx in infants (*'L'Echo Méd. du Nord,'* Nov. 7, 1909).—**Delécluse** and **Swynghedauw**. In diphtheria codeine was used by Vaciôt to lessen stridor; others have employed belladonna for the same reason. Lesage and Cléut employed morphine, and considered that danger of asphyxia was much lessened thereby, stridor ceasing and the breathing becoming calm and regular. If cyanosis was present intubation was performed and morphine given; in these cases the tube could be safely removed after

twelve hours. The dose of morphine in children from eighteen months to seven years has never exceeded 0.003 gramme. Many other observers have testified to the value of the drug in similar cases. The authors quote fifteen cases, in most of which morphine was used with great success, either removing the necessity for intubation or lessening the time this intubation was used. They never use morphine when there is any pulmonary affection, however mild this may seem. They never use more than 0.003 gramme at a dose. They employ in addition other antispasmodics, such as hot baths, warm compresses to the neck, etc. And in diphtheria they also use massive doses of antidiphtheritic serum.

J. PORTER PARKINSON.

On the loss of vaccinal immunity in children under 7 years (*Journ. de Méd. et de Chir. Prat.*, 1909, p. 542).—**Serrière** successfully re-vaccinated ninety-one children below the age of seven years, and therefore thinks that during an epidemic of smallpox a general re-vaccination of all school-children is indicated.

J. D. ROLLESTON.

Bacterial vaccines in children's diseases (*Arch. of Pediat.*, vol. xxvi, 1909, p. 674).—**B. R. Hoobler** records cases of chronic bronchitis, broncho-pneumonia with delayed resolution, general rheumatic infection, septicæmia, empyema, and furunculosis, in which recovery followed the use of bacterial vaccines.

J. D. ROLLESTON.

Otology, Laryngology, and Rhinology.

Deafness following epidemic cerebro-spinal meningitis (*Franz Deutike*, 1908).—**Alt**, basing his communication on fifty cases of cerebro-spinal meningitis, makes some very interesting remarks relative to aural complications. The description of three autopsies is the object of a special study, accompanied by plates representing sections of the labyrinth. Nine patients could not be utilised for this study. Of the forty-one remaining, twelve were attacked by deafness. Of the twenty-four who recovered, nine were deaf; fifteen retained their normal hearing without disturbances of equilibrium. The twelve deaf presented the same result on examination—normal tympanic membrane with complete deafness for speech, noise, and tones. Tuning-forks not perceived by air, suppression of bone-conduction, tactile bony sensation of large forks. The condition of the tympanum and tympanic membrane is always in relation with the extent of the lesions which are spread from the internal ear, and if Alt only found intact membranes, that is accounted for by the early period at which these examinations were conducted. He has, moreover, demonstrated an invasion by lesions at the level of the round and oval windows. It is important, nevertheless, not to mistake the otites of nasal origin which may appear at the same time as the meningitis. The deafness is usually an early symptom in the first or second week. It most often comes on abruptly. It was bilateral in all Alt's cases; but in some cases the return of the hearing was not the same on both sides. Labyrinthine suppurations consecutive to cerebro-spinal meningitis do not always lead to incurable deafness, since 30 per cent. show a return of feeble hearing. It is necessary from the point of view of prognosis in these forms of deafness to eliminate those which came on after hydrocephalus, or anatomical changes in the ependyma of the fourth ventricle.

Anatomical inquiries have shown that abundant purulent infiltration in the region of the auditory nerve little affects the facial. Most of the subjects, deaf consecutively to cerebro-spinal meningitis and recovered, show serious vestibular symptoms, characterised by an intense vertigo, by incapacity at first to keep straight when walking, by the tendency to fall to one side, later by insecure gait. These symptoms are the result of the destruction of the vestibular apparatus following purulent inflammation of the semicircular canals and vestibule, then by invasion by connective tissue and bony tissue of new formation. The loss of this sense, shown at first by very painful symptoms, ends by compensation by the action of other senses, as vision. The duration of these vestibular symptoms varies according to the age of the patients; older subjects recover very quickly. Treatment has no effect on the pathogenic process. Iodine has an action on the resorption of the exudate. As regards acute median otitis, in the majority of the cases it is an accidental complication of the general morbid process, although it cannot be excluded as an intermediary in the production of epidemic meningitis.

MACLEOD YEARSLEY.

Surgery.

Mastoiditis due to the micro-organisms of Vincent's angina (*Journ. Amer. Med. Assoc.*, July 16, 1909).—Yates saw a girl, aged 12 years, who for several months had suffered from a neglected otorrhœa. Signs of a mastoid abscess were present and operation was performed. The larger part of the mastoid cortex was found to have disappeared, and the centre of the bone was occupied by a dark red, spongy mass, in which were small, dark sequestra, "like plums in a pudding." The dura mater and lateral sinus were exposed, the latter being covered by a stringy, yellowish membrane. The diseased tissue having been removed, it was decided not to perform a radical operation as the middle ear had not been inspected. A bacteriological examination showed that the infection was a mixed one due to the micro-organisms of Vincent's angina, the *Spirochæta denticola*, and *B. fusiformis*. After the operation the otorrhœa persisted, the pus still showing the bacteria. After an attack of measles a discharging sinus appeared behind the ear. A radical operation was considered to be too risky, and the ear was treated with North's lactic acid serum (a pure culture of lactic acid bacilli in bouillon), which was simply poured in until it appeared in the sinus behind the auricle. The sinus closed and the otorrhœa ceased in ten days, the patient being left with good hearing, though the drum and ossicles were, of course, destroyed. Such infections of the ear are probably not primary, but follow on an affection of the throat.

T. R. WHIPHAM.

Decapsulation of both kidneys for acute nephritis following scarlet fever (*Journ. Amer. Med. Assoc.*, July 10, 1909).—Harding saw a boy, aged 12 years, who had an ordinary attack of scarlet fever without albuminuria. On the twentieth day severe vomiting set in, followed by a convulsion and the passing of a small amount of bloody urine heavily loaded with albumin. Hot packs, poultices over the kidneys, and pilocarpine and digitalin hypodermically brought about no improvement, and five days later there was complete loss of vision and hearing, the patient lapsing into

unconsciousness with suppression of urine. Operation was performed, both kidneys being decapsulated. The organs were very large, tense, and congested, and bled profusely when the capsules were removed. After the operation the flow of urine was at once re-established, and on the third day sight and hearing began to return. The boy left hospital on the eighteenth day with a good recovery.

T. R. WHIPHAM.

Inguinal hernia in the new-born (*'La Path. Enfant,'* November 15, 1908).—**Broca** finds that children who are the subject of retarded physical development present predisposing conditions to herniæ. Chief among the causes are rickets, malformation of the peritoneum, and prematurity; also heredity, especially on the father's side. In many cases the hernia is present at birth and it frequently contains the large intestine, a peculiarity which is common to infancy and old age. In many cases the hernia appears later, being produced by the mechanical effort of coughing, crying, etc. In a large number of cases the cure is spontaneous or is brought about by the use of an ordinary supporting bandage. In ill-nourished and rickety children, however, there is but little tendency to spontaneous cure, and the condition may even become aggravated, the restlessness and crying increasing the hernia, which is in itself a cause of colic and discomfort. The involved intestine often becomes the site of impacted fæces, and strangulation under one year of age is not uncommon. During the second year Broca advocates the performance of a radical operation, which gives very good results.

T. R. WHIPHAM.

Treatment of hydrocephalus by puncture of the corpus callosum (*'Deut. med. Wochens.,'* September 23, 1909).—**Bramann** advises that the corpus callosum be punctured to relieve the pressure on the brain in cases of hydrocephalus. By this means the fluid can escape from the ventricles into the subdural space of the brain and spinal cord, and the active flow of fluid will prevent the opening closing up. In children trephining is unnecessary. A small incision is made through the anterior fontanelle into the dura 1 cm. to the right of the median line so as to avoid the sinus. A curved cannula is then pushed in between the wall of the sinus and the surface of the brain towards the median line until its tip meets the falx and glides down it to the corpus callosum, through which it is pushed. After allowing the fluid to escape the cannula is moved to and fro so as to ensure a sufficiently large opening. The cannula is then withdrawn. The results have been good in several cases, including infants, who have not benefited by puncture of the ventricles and lumbar puncture.

T. R. WHIPHAM.

Tumours of the breast in childhood (*'Annals of Surgery,'* vol. XLVIII, 1908).—**Jopson** states that tumours of the breast, though rare in childhood, may occur in both sexes and at all ages. Benign tumours are more frequent than malignant, fibro-adenomata being most common and angiomas next in frequency. Sarcoma is rare, and carcinoma is almost unknown before puberty. Girls are affected more frequently than boys, but the disparity in numbers is much less than in adults. Angiomas are often congenital and first appear in infancy, while fibro-adenomata tend to develop more often as the child approaches puberty. Some of the smaller benign tumours cause no symptoms; others are associated with pain or tenderness. The results of operation are generally good.

T. R. WHIPHAM.

Early diagnosis of congenital dislocation of the hip-joint in young children (*Presse Méd.*, September 29, 1909).—**Gourdon** objects to the term "congenital dislocation," believing, as he does, that there is no dislocation until the child begins to use its limb. He maintains that the child is born with peculiarities which entail dislocation later, and gives a simple test by means of which these peculiarities can be diagnosed. The child is placed on the sound side and the affected thigh is flexed on the pelvis with the leg flexed on the thigh, the knee being kept in contact with the table. With the knee in this position the sound thigh in a normal child can be twisted inwards only a certain distance—not more than 60° from the plane of the table. Should the head of the femur be abnormally movable the sound thigh can be rotated to 90° or even more. The test also reveals disturbances in the joint resulting from other affections before there is any displacement of the femur.

T. R. WHIPHAM.

Simple dressing for treatment of tuberculous disease of shoulder-joint (*Amer. Journ. of Orthop. Surg.*, August, 1909).—**Gillette** advocates placing a roll of cotton-wool in the axilla of sufficient size to make outward pressure on the upper end of the humerus and fixing it there by means of a Spica bandage. The pad acts as a fulcrum, the intra-articular pressure being relieved by the weight of the arm. The advantage of this method is that the arm can be used, except possibly in acute stages, and is comfortable for the patient, while the intra-articular pressure is relieved. Absolute rest of course is not attained.

T. R. WHIPHAM.

Cure of prolapse of the rectum by tamponing the retro-rectal space (*Zentralbl. f. Chir.*, September 4, 1909).—**Sick** advocates tamponing in the treatment of prolapse of the rectum. An incision is made between the tip of the coccyx and the sphincter into the loose connective tissue behind the rectum. There are no important structures to be injured at this point. The rectum is then detached up to the promontory of the sacrum, tamponed with a little gauze, and some folded gauze is introduced. The incision is closed with plaster or collodion. The tampon is removed in one or two weeks, but not until after the second or third week should the patient be allowed to defæcate in a sitting posture. This technique is especially applicable to children.

T. R. WHIPHAM.

Perforating ulcer of sigmoid following measles (*Journ. Amer. Med. Assoc.*, vol. LIV, 1910, p. 47).—**J. C. Murphy**. A boy, aged 14, had a severe attack of measles with gastro-intestinal complications, dysentery persisting after the usual symptoms had disappeared. The cessation of dysentery was followed by pain, enlargement of the abdomen, nausea, fever, and constipation. When seen by Murphy the abdomen was enormously distended, and completely dull below the umbilicus. A median incision was made, and much pus and fæcal matter evacuated. A ragged hole was found in the sigmoid, admitting two fingers. The bowel was not sutured, but the cavity was wiped clean and drainage established. The subsequent history was uneventful. Eight months after the operation the patient was in good health, and had no symptoms of cicatricial stricture of the bowel.

J. D. ROLLESTON.